

Steve Murray #1037015

Name and Inmate Booking Number

Northern Nevada Cor. Ctr.

Place of Confinement

NNCC, P.O. Box 7000

Mailing Address

Carson City, NV 89702

City, State, Zip Code

**UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA**

Steve Murray #1037015, Plaintiff

vs.

(1) Dr. Ken Williams,
 (2) A.W. Warden Hartman,
 (3) Dr. Benson,
 (4) Dr. Voss,
 (5) Dr. Bijaula,
 Defendant(s).

Case No. _____
(To be supplied by Clerk of Court)

**CIVIL RIGHTS COMPLAINT
BY AN INMATE**

Original Complaint
 First Amended Complaint
 Second Amended Complaint

Jury Trial Demanded

A. JURISDICTION

1) This Court has jurisdiction over this action pursuant to:

28 U.S.C. § 1343(a)(3); 42 U.S.C. § 1983
 28 U.S.C. § 1331; *Bivens v. Six Unknown Named Agents*, 403 U.S. 388 (1971)
 Other: _____

2) Institution/city where Plaintiff currently resides: N.N.C.C., Carson City, NV
 3) Institution/city where violation(s) occurred: N.N.C.C., Carson City, NV

B. DEFENDANTS

1. Name of 1st Defendant: Dr. Kenneth Williams, The 1st

Defendant is employed

as: Medical Director at Northern Nevada Correctional Ctr.

(Position of Title)

(Institution)

2. Name of 2nd Defendant: A.W Warden Hartman, The 2nd

Defendant is employed

as: A.W. Warden at NNCC, Carson City, NV

(Position of Title)

(Institution)

3. Name of 3rd Defendant: Dr. Benson, The 3rd

Defendant is employed

as: Doctor at NNCC.

(Position of Title)

(Institution)

4. Name of 4th Defendant: Dr. Voss, The 4th

Defendant is employed

as: Doctor at NNCC.

(Position of Title)

(Institution)

5. Name of 5th Defendant: Dr. Biju, The 5th

Defendant is employed

as: Cancer Doctor at NNCC.

(Position of Title)

(Institution)

B. DEFENDANTS

6. Name of 6TH Defendant: R.N. C. Lucas, The 6TH

Defendant is employed

as: Director of Nursing at N.N.C.C. Carson City, NV.
(Position of Title) (Institution)

7. Name of 7TH Defendant: R.N. J. Isaacson, The 7TH

Defendant is employed

as: Director of Nursing at N.N.C.C. Carson City, NV.
(Position of Title) (Institution)

8. Name of 8TH Defendant: John Doe #1, The 8TH

Defendant is employed

as: Sargent at N.N.C.C. Carson City, NV.
(Position of Title) (Institution)

9. Name of 9TH Defendant: John Doe #2, The 9TH

Defendant is employed

as: Doctor at N.N.C.C. Carson City, NV.
(Position of Title) (Institution)

10. Name of 10TH Defendant: R.N. Kris, The 10TH

Defendant is employed

as: Nurse, RN at N.N.C.C. Carson City, NV.
(Position of Title) (Institution)

B. DEFENDANTS

11. Name of first Defendant: R.N. Mediketh. The first Defendant is employed as:
Nurse at N.N.C.C.
 (Position of Title) (Institution)

12. Name of second Defendant: John Doe #3. The second Defendant is employed as:
Transportation % at NNCC.
 (Position of Title) (Institution)

13. Name of third Defendant: John Doe #4. The third Defendant is employed as:
Transportation % at N.N.C.C.
 (Position of Title) (Institution)

14. Name of fourth Defendant: Tom Wyatt. The fourth Defendant is employed as:
Culinary Manger at NNCC.
 (Position of Title) (Institution)

15. Name of fifth Defendant: _____ The fifth Defendant is employed as:
 _____ at _____.
 (Position of Title) (Institution)

If you name more than five Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. NATURE OF THE CASE

Briefly state the background of your case.

The Plaintiff suffers from two types of Blood cancers and both are terminal. His blood cells have to be monitored weekly due to medication usage + dosages, or he may Die prematurely, as a result of Heart-attack or Stroke. As you will see herein, Defendants failed to do. This is a civil Rights action brought by Plaintiff, Steve Murray #1037015 is an inmate within the Nevada Department of Correction Center (N.N.C.C.). The events giving rise to this action, [REDACTED] occurred at NNCC, over a-

Continuation of C.

1 period of (1) year, and are still happening to date. All
2 Defendants listed herein acted under the color of
3 State Law, As administration, Custody, and Medical
4 support, staff for N.D.O.C. at all times relevant,
5 Plaintiff attests that his Administrative remedies have
6 been exhausted.

7 In this Complaint plaintiff sues multiple Defendants for
8 events that took place while in the care of the department
9 of corrections. (N.N.C.C.).

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D. CAUSE(S) OF ACTION

CLAIM 1

1. State the constitutional or other federal civil right that was violated: 8th Amendment, Cruel and Unusual Punishment

2. **Claim 1.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

Basic necessities Medical care Mail
 Disciplinary proceedings Exercise of religion Property
 Access to the court Excessive force by officer Retaliation
 Threat to safety Other: S

3. Date(s) or date range of when the violation occurred: 1-1-24 Thru 1-1-25

4. **Supporting Facts:** State as briefly as possible the FACTS supporting Claim 1. Describe exactly what **each specific defendant (by name)** did to violate your rights. State the facts clearly in your own words without citing legal authority or argument.

1 5). On or about, 1-24-24 to 10-3-24.

2 Defendants, Dr. Benson, Dr. Voss, and Cancer Dr.
 3 Bijuula, Practiced cruel and unusual punishment by deny-
 4 ing plaintiff proper and timely medical attention, By not ad-
 5 justing the miligrams of his chemo medicine so plaintiffs
 6 blood cells stay in the normal range. Plaintiff suffers from two
 7 types of cancer both are terminal. Plaintiff's blood levels need
 8 to be monitored weekly due to chemo medication usage and dosages
 9 or he might die prematurely as a result of Heart - Attack or Stroke.
 10 Plaintiff's platelets have been High and/or Dangerously High for the
 11 past year. See exhibit 'C' Lab results. Defendants, failed to follow
 12 medical care procedures, rules, common sence, and failed to keep Plain-
 13 tiff's platelets in the normal range. Defendants willingly dis-
 14 regarded the serious need for outside medical care, knowing
 15 that without the outside care of a specialist the plaintiff
 16 could suffer a heart - attack or Stroke from his elevated
 17 platelets, Which affected his Daily living and Activities. EX

18 6). Defendants, Dr. Benson, Dr Voss and Cancer Dr. Bijuula,
 19 practiced Deliberate Indifference by failing to act in cor-
 20 recting the violation listed above in '5'. These Doctors
 21 were aware of plaintiff's serious condition of his High Pla-
 22 telets. Plaintiff must rely on N.N.C.C. Doctors and providers
 23 to treat his Medical needs; if the Doctors fail to do so, These
 24 needs will not be met. In Plaintiffs case, such failure may
 25 actually produce physical torture or a lingering death.
 26 Defendants, Dr. Benson, Dr Voss, were Deliberately In-
 27 different to a seriously needed medical care because
 28 they knew Plaintiffs platelets were High, But failed to send-

1 Plaintiff to a specialist in a timely manor as an Oncologist
 2 or the Hospital to lower Plaintiff's elevated Platelets. Plaintiff
 3 complained to Dr. Benson on several occasions, 3-18-24
 4 4-15-24, 8-26-24, and Kites. See EX 'B' (4-Kites). Why his
 5 chemo is Not being Adjusted to lower his elevated platelets.
 6 Dr. Voss Knew Plaintiff's platelets were high, Plaintiff spoke
 7 to the Doctor several times about his elevated platelets on
 8 2-8-24, 6-13-24, and thru Kites. See EX 'B' (4-Kites). And
 9 also see EX 'A' Grievance # 20063166536. Cancer Doctor
 10 Biju Openly failed to provide a Medical Treatment plan
 11 whatsoever. The consequences of that failure to treat Cancer
 12 lead to the High risk of Heartattack or Stroke. See EX 'D' Let-
 13 ter. This caused plaintiff unnecessary and wanton infliction
 14 of pain and suffering or lingering Death. These facts
 15 will go undisputed in the medical records and/or the
 16 Exhibits. Plaintiff although seen, was NOT treated for
 17 his platelets. Dr. Biju failed to prescribed needed Me-
 18 dication and/or remove the dangerously high platelets to
 19 avoid further injury, all constitutes Cruel and Unusual punish-
 20 ment and Deliberate Indifference to a serious needed medical
 21 care. That affected Plaintiff's daily living and Activities.
 22 7). Defendants, Dr. Kenneth Williams, DON, C. Lucas, DON, J. Isaacson
 23 all knew Plaintiff's platelets were High and failed to Act. See EX 'A'
 24 Grievance they all signed it and were Deliberate Indifferent to Plaintiff
 25 serious medical needs. Plaintiff sent letters, and requests asking
 26 for help, and all went unanswered. See EX 'B', 'D', letter, Kites.
 27 These Defendants knew of his serious medical needs that his chemo was
 28 not being adjusted to lower his elevated Platelets, leaving Plaintiff-

1 in deep depression and suffering in fear of Heart-Attack or
 2 Stroke, Which affected his daily living and Activities. Prison
 3 Administrators are liable for Deliberate Indifference when they
 4 knowingly fail to respond to an inmates requests several times
 5 asking for help. failure to treat plaintiff's condition could result
 6 in further significant injury or the unnecessary and wan-
 7 ton infliction of pain and suffering of a lingering death.

8 8). On or about 6-19-24, Plaintiff filed an Emergency Grievance
 9 over his High Platelets and carbon monoxide poison from
 10 working in the culinary. This emergency grievance was Denied
 11 by Sgt John Doe^{#1} Sgt stated "This grievance does Not con-
 12 stitute an emergency". The previous attempt this day to
 13 'man Down' was also 'refused' by medical correctional of-
 14 ficer C/o Brendal for the same reason "This does Not
 15 constitute an "Emergency". [REDACTED]

16 [REDACTED]
 17 [REDACTED]
 18 [REDACTED]
 19 [REDACTED]
 20 [REDACTED]
 21 [REDACTED]
 22 [REDACTED]
 23 [REDACTED]

24 Plaintiff suffered in fear of Heart-attack or stroke, And
 25 Deep depression which affected his daily living and acti-
 26 vities, And suffering the [REDACTED] effects of Carbon Mo-
 27 noxide poisoning. See Exhibit 'E' (Emergency Grievance).
 28 9). [REDACTED] Plaintiff states on Information and →

1 belief that John Doe #2, is either Dr. Benson or Dr. Voss. ^{They} were Deliberately
 2 Indifferent to a serious medical need. Plaintiff's pain medication was ab-
 3 ruptly stopped on or about 7-8-24. The Defendants withdrew plaintiff's
 4 pain medication for approximately (5⁶) days. And were indifferent to his
 5 serious need for it. It was for his pain from his cancer. Plaintiff's pain pill
 6 was a narcotic and it states "Do not stop taking this medication with-
 7 out talking to your Doctor first, As this medication need to be tapered
 8 off." The Defendants caused Intentional Infliction of pain and
 9 suffering causing emotional and mental anguish. The Defend-
 10 ants denied all the reasonable requests for his medican in the face
 11 of an obvious need for such attention where plaintiff was ex-
 12 posed to undo suffering of tangible residue injury. The
 13 medical records and exhibits will show plaintiff wrote numerous
 14 Requests to have his pain medican and Boost for Immune
 15 support reinstated. See Exhibit "F" (grievance) "G" (requests)
 16 10). Defendants were Deliberate Indifference to plaintiff's
 17 medical needs. Plaintiff was called to medical on or about 4-
 18 14-24 by Nurse MediKeth. Plaintiff was told "The Lab that
 19 does our Blood Analysis had called and said Mr. Murray
 20 platelets were in the Critical Zone" (over 1000) and
 21 wanted to check on him to make sure you're O.K. Plaintiff
 22 stated He was short of breath, And felt his equilibrium
 23 was a little off. Defendant Nurse MediKeth stated she
 24 would get him an appointment to see Cancer Dr. Bijjula,
 25 and to "go back to your unit". Plaintiff could not sleep that
 26 night and was in deep Depression, and fear of Heart-Attack
 27 or Stroke, And an uncertain Death.
 28 On or about 6-15-24, Nurse Chris Defendant, called-

1 Plaintiff to medical and she stated "The Lab called and
 2 your platelets are in the critical zone (over 1000) and
 3 nurse Chris wanted to check on him. Plaintiff complained
 4 he felt his equilibrium was a little off. R.N. Chris said she
 5 would get an appointment to see the Cancer Dr. Bijuula.
 6 And to return to the Unit. Again this affected Plaintiff's
 7 Sleep, and daily living, and activities, Due to Living in fear
 8 of Heart-attack or Stroke. Defendants R.N. Mediketh, and
 9 R.N. Chris both Knew of the substantial risk of harm to the
 10 Plaintiff and disregarded the risk. Additionally, That they
 11 both knew that the risk was obvious, They both Stated
 12 "The lab called and Plaintiff's platelets were in the Critical
 13 Zone"; Both defendants had the power to ensure compliance
 14 of Medical procedural care for plaintiff, However chose to
 15 do nothing to help plaintiff, Causing further fear and suffering
 16 of Heart-attack or Stroke. (Instead of sending plaintiff to
 17 the Hospital to lower his critical High platelets). These facts
 18 will go undisputed in the medical records and/or Exhibits.

19 11th. On or about 6-21-24, [REDACTED]
 20 [REDACTED] Defendants, Transport Officers John Doe # 3
 21 and, John Doe # 4 Transported Plaintiff to Carson Tahoe
 22 Hospital. While there, Mr. Murray had to have a C.T. scan
 23 done. During this Plaintiff had to stop because he thought
 24 he was going to throw up, And asked if he could take his
 25 Dentures out, Because if he did vomit they could come out and
 26 hit the floor and break. The defendants placed them in a red
 27 Bio -Hazard bag that his other property was in: Glasses,
 28 necklace, phone book, and I.D. After the test Plaintiff asked for

1 property back. Defendants stated "I'll get it back when we
2 get back to the prison". My property was never given back to me.
3 Approximately, a month later my I.D. was found, and given
4 back but was told, "That was all he found". Plaintiff wrote numerous
5 kites trying to find his glasses and Dentures with no luck. Defendants
6 failed to ensure an inventory slip is completed immediately when
7 an inmate is not in his possession of his property, Per A.R. 711.
8 These Defendants are responsible regarding protection against,
9 misplacement, lost, and/or theft of inmates property. This caused
10 plaintiff mental and emotional distress over getting his property
11 back, furthermore, it also affected plaintiff issues eating with-
12 out his dentures and causing pain and harm to his upper and lower
13 gums. Even A.W. Heartman knew of this issue and failed to do
14 anything about it. See Exhibit: 'H'; Grievance # 20063168285
15 (a).
16 [REDACTED]
17 [REDACTED]
18 [REDACTED]
19 [REDACTED]
20 [REDACTED]
21 [REDACTED]
22 [REDACTED]
23 [REDACTED]
24 [REDACTED]
25 [REDACTED]
26 [REDACTED]
27 [REDACTED]
28 [REDACTED]

1 [REDACTED] and [REDACTED]
 2 [REDACTED] and [REDACTED]
 3 [REDACTED] Mr. Murray's 'High Platelets' went untreated.
 4 [REDACTED] [REDACTED] those [REDACTED] when presented with
 5 [REDACTED] [REDACTED] of medical treatment or the lack of medical treat-
 6 [REDACTED] [REDACTED] Plaintiffs Eighth Amendment has been
 7 violated," Cruel and Unusual Punishment." The failure to protect
 8 or treat Mr. Murray's condition resulted in further significant
 9 injury and shortened his life span. It was unnecessary and wan-
 10 ton infliction of pain and suffering, of a lingering death.
 11 Defendant, Dr. Ken Williams, was aware of Plaintiff's
 12 High Platelets, See Exhibit 'D' (Letter to Defendant
 13 on 7-31-24) and showed Deliberate Indifference
 14 by failing to act in a Serious Medical condition of plai-
 15 ntiff's High platelets. Williams is making it more diff-
 16 cult for the inmates to have any quality of care" EX 'J' pg 84,
 17 also, "A provider noted inmates suffering from Cancer are
 18 prohibited by Defendant, Dr. Williams from receiving protein
 19 drinks such as Boost, unless they have a body mass index of 17%
 20 or less, which is considered seriously Underweight. Plaintiff
 21 is 27 Lb's Underweight. Plaintiff was getting Boost for his-
 22 Immune Support and weight. The Defendant Williams cut
 23 the Boost off from the plaintiff. Id pg 84, When Plaintiff had
 24 a Serious medical need for the Boost. "Nevada houses some 10,
 25 000 inmates, The vast majority of whom will be ultimately be released."
 26 But medical professionals say the lack of care they receive while
 27 Incarcerated can result in a life sentence of navigating health com-
 28 plications. See EX 'J' page 85

1 [REDACTED] to Rebuild His Immune System and Protect for
2 His Immune System. See Exhibit 1 for Plaintiff's
3 [REDACTED] Form(s).

4

5

6 CONCLUSION

7 Plaintiff, sues all Defendants herein for their failure
8 and Eighth Amendment Rights Violations, among other
9 to be disclosed herein, and other individuals and entities
10 [REDACTED] [REDACTED]

11 Plaintiff respectfully requests this Honorable Court
12 to dismiss the complaint in its entirety and to award Plaintiff
13 [REDACTED] [REDACTED] by an Amended Complaint
14 [REDACTED] [REDACTED]

15

16 F. Relief Requested

17
18 Wherefore, plaintiff respectfully request that the Court
19 grant the following relief.

20 A). Issue a Declaratory judgment which in part
21 states that the failure of defendants to act reasonably
22 to plaintiff's seriously needed medical needs, Contributed
23 to the plaintiff by not keeping plaintiff's blood levels in
24 the normal range and putting him living the past year
25 in fear of Heart-attack, or stroke, and shortening plaintiff's life.
26 And therefore is in violation of plaintiff, Fifth, Eighth,
27 and Fourteenth Amendment Rights. It was a Violation
28 of due process, unnecessary wanton infliction of pain and —

1
 2 [REDACTED]
 3 suffering, Deliberate Indifference to a seriously needed
 4 medical care, Deprivation, Tort of negligence, violated the
 5 Due process clause, causing both physical and emotional
 injury and shortend plaintiff's life.

6 **B). Issue an Emergency Injunction Order:**

7 (1). Order N.N.C.C, Medical to keep Plaintiff, Mr. Murray
 8 Cancer in remission, Blood Cells, Platelets, in the normal
 9 range by increasinging the chemo milograms and/or
 10 remove the elerated platelets, so plaintiff would not be High
 11 risk of Heart-attack or stroke.

12 (2). Order N.N.C.C, medical to Resume his Boost
 13 for "Immune Support" to fight off infections, And the
 14 protein for all the weight He lost.

15 (3). Order N.N.C.C, to either comply with (1),(2) or
 16 release plaintiff to the "298 Compassionate Release Program".
 17 The plaintiff meets the "Specific Criteria", So plaintiff CAN
 18 see his personal Cancer Doctor in Las Vegas.

19 (4). or Order N.N.C.C, to place plaintiff back
 20 to Casa Grande, plaintiff meets the Criteria for Community
 21 Trusty, So plaintiff can see his Cancer Doctor, and work
 22 to pay his Restitution to his victims.

E. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while incarcerated? Yes No
2. Has this Court or any other court designated you as subject to "three strikes" under 28 U.S.C. § 1915(g)? Yes No
3. If you have "three strikes" under 28 U.S.C. § 1915(g), does this complaint demonstrate that you are "under imminent danger of serious physical injury?" Yes No

F. REQUEST FOR RELIEF continuation.

I believe I am entitled to the following relief; in addition to that requested at p.p. 14 9 15:
Compensatory Damages: #400,000 per defendant, per claim;
Punitive Damages: # 250,000 per Defendant, per claim;

[REDACTED]

I understand that a false statement or answer to any question in this complaint will subject me to penalties of perjury. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT.** See 28 U.S.C. § 1746 and 18 U.S.C. § 1621.

Skylet Fowler (#1172934)

(name of person who [REDACTED] helped
prepare this complaint if not the plaintiff)

Steve Murray

(signature of plaintiff)

3/3/25

(date)

ADDITIONAL PAGES

You must answer all questions concisely in the proper space on the form. Your complaint may not be more than 30 pages long. It is not necessary to attach exhibits or affidavits to the complaint or any amended complaint. Rather, the complaint or any amended complaint must sufficiently state the facts and claims without reference to exhibits or affidavits. If you need to file a complaint that is more than 30 pages long, you must file a motion seeking permission to exceed the page limit and explain the reasons that support the need to exceed 30 pages in length.

1 Steve Murray # 10370152 Northern Nevada Correctional Center3 P.O. Box # 70004 Carson City, NV 89702

5

6 United States District Court
7 District of Nevada

8

9 Steve Murray, Pro Se10 Plaintiff

Case #

11 Vs.12 Kenneth, Williams et al13 Defendant,

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15

16 Index of Exhibits to Complaint

17 EX #	PAGE #	DATE	GRIEVANCE #	DESCRIPTION
18 A	3	11-7-24	20063166536	Failure to treat
19 B	19		—	Inmate Request forms
20 C	25	various	—	Blood Results
21 D	27	various	—	Letters
22 E	31	6-19-24	EMERGENCY	High Platelets, % Poison
23 F	33	1-16-25	20063169909	Boost, Pain Pills
24 G	34	various	—	Inmate Request forms, Boost, pills
25 H	50	12-3-24	20063168285	High Platelets, Property loss
26 I	77		News Article	“Medical Director, No license”
27 J	81	11-20-24	News Article	“Denied Medical Care”
28 K	87		News Article	“Health Violations”

EXHIBIT A

EXHIBIT



State of Nevada
Department of Corrections

INMATE GRIEVANCE REPORT

ISSUE ID# 20063166536

ISSUE DATE: 06/18/2024

ISSUE LOC: NNCC

INMATE NAME	NDOC ID	CURR LOC	TRANS TYPE	GR CODE	ASSIGNED TO
MURRAY, STEVEN	1037015	NNCC	RTRN_L2	MED	KENWILLIAMS
LEVEL	TRANSACTION DATE	DAYS LEFT	FINDING	USER ID	STATUS
2	10/07/2024		Resolved	KBYE	INACTIVE

INMATE COMPLAINT

OFFICIAL RESPONSE

Offender Murray, Steven #1037015

I am in receipt of your second-level grievance #2006-31-66536 regarding your request for medical care.

Offender Murray, I have reviewed your informal and first-level grievances, your medical record, and your current medication record. The answer you received on your first-level grievance is correct. You are currently being followed by the NDOC provider and by the Oncologist. The NDOC is following the recommendations made by the Oncologist. Please continue to take your medications as ordered and watch for your name on the call-out list so that you don't miss any medical appointments. Your request for monetary compensation is unfounded.

Grievance resolved.

Kenneth L. Williams, M.P., PhD

S. M.

11-7-24
OCT 08 2024

GRIEVANCE RESPONDER

Report Name: NVRIGR
Run Date: OCT-07-24 02:38 PM

Page 1 of 4

LOG NUMBER: 20063166536NEVADA DEPARTMENT OF CORRECTIONS
SECOND LEVEL GRIEVANCENAME: Steve Murray I.D. NUMBER: 1037015INSTITUTION: N.N.C.C. UNIT: 2B-76I REQUEST THE REVIEW OF THE GRIEVANCE, LOG NUMBER 20063166536, ON THE SECOND LEVEL. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW.

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: Steve Murray DATE: 9-12-24WHY DISAGREE: Contrary to your response, I have been in compliant with my Hydroxurea. This medication need to be monitored weekly so my Hydroxurea can be adjusted so my red blood cells and platelets stay in the normal range. Only twice did I stopped takingGRIEVANCE COORDINATOR SIGNATURE: A. Zimmerman DATE: 9-18-24SECOND LEVEL RESPONSE: _____

_____ Revised GRIEVANCE UPHELD _____ GRIEVANCE DENIED _____ ISSUE NOT GRIEVABLE PER AR 740SIGNATURE: Kenneth L. Williams, M.D., Ph.D. TITLE: Medical Director DATE: OCT 08 2024GRIEVANCE COORDINATOR SIGNATURE: A. Zimmerman DATE: 10/18/2024INMATE SIGNATURE: Steve Murray DATE: 11-7-24

THIS ENDS THE FORMAL GRIEVANCE PROCESS

Original:	To inmate when complete, or attached to formal grievance
Canary:	To Grievance Coordinator
Pink:	Inmate's receipt when formal grievance filed
Gold:	Inmate's initial receipt

RECEIVED

SEP 18 2024

NNCC

PL
9/17/24
Jm

LOG NUMBER: 20063166536EX-1
NEVADA DEPARTMENT OF CORRECTIONS
SECOND LEVEL GRIEVANCENAME: Steve Murray I.D. NUMBER: 1037015INSTITUTION: N.N.C.C. UNIT: 2B-76I REQUEST THE REVIEW OF THE GRIEVANCE, LOG NUMBER 20063166536, ON THE SECOND LEVEL. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW.

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: Steve Murray DATE: 9-12-24WHY DISAGREE: Contrary to your response, I have been in compliant with my Hydroxurea. This medication need to be monitored weekly so my Hydroxurea can be adjusted so my red blood cells and platelets stay in the normal range. Only twice did I stopped takingGRIEVANCE COORDINATOR SIGNATURE: John Williams DATE: 9-12-24SECOND LEVEL RESPONSE: 3AGRIEVANCE UPHELD GRIEVANCE DENIED ISSUE NOT GRIEVABLE PER AR 740SIGNATURE: Kenneth L. Williams, M.P., Ph.D. TITLE: Medical Director DATE: OCT 08 2024GRIEVANCE COORDINATOR SIGNATURE: John Williams DATE: 10-12-24INMATE SIGNATURE: Steve Murray DATE: 11-5-24

THIS ENDS THE FORMAL GRIEVANCE PROCESS

Original:	To inmate when complete, or attached to formal grievance
Canary:	To Grievance Coordinator
Pink:	Inmate's receipt when formal grievance filed
Gold:	Inmate's initial receipt

NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: Steve Murray I.D. NUMBER: 1037015

INSTITUTION: N.N.C.C. UNIT #: 2B-7G

GRIEVANCE #: 20063166536 GRIEVANCE LEVEL: 2

GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 3

it on 1-26-24 thru 2-8-24, (2 weeks) because of low red blood cells. Seen Cancer doctor on the same day 2-8-24. I told the reason was Low RBC. He ordered my Hydroxurea to take one every other day. The second time I stopped it was for the same reason on 7-24-24 thru 8-7-24, Again for (2 weeks) so my red blood cells can get back to normal range. I have to adjust the Hydroxurea because no one else is doing it. My platelets have been High since I got here from 1-24-24 thru today 9-12-24, Due to no one is monitoring my blood levels. I brought this issue up with Dr Benson on 8-26-24, He stated "my blood results are and have been sent to my cancer doctor Ragneel Bijuva. On the next day I seen the cancer Dr. And asked him why my Hydroxurea-

Original: Attached to Grievance
 Pink: Inmate's Copy

NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: Steve Murray I.D. NUMBER: 1037015

INSTITUTION: NNCC UNIT #: 2B-7G

GRIEVANCE #: 20063166534 GRIEVANCE LEVEL: 2nd

GRIEVANT'S STATEMENT CONTINUATION: PG. 3 OF 3

Was not being adjusted to lower my platelets due to the fact Its putting me at "High risk of Heart attack or Stroke". Dr Ragneel Bijjula stated "He cannot adjust my Hydroxurea because he is not getting my blood result from the RMF".

My claims still stand the same (see Informal Grievance)

Resolution

See attached Administrative Claim form.

Original: Attached to Grievance
 Pink: Inmate's Copy



State of Nevada
Department of Corrections

2B-7G1

INMATE GRIEVANCE REPORT

ISSUE ID# 20063166536

ISSUE DATE: 06/18/2024

ISSUE LOC: NNCC

INMATE NAME		NDOC ID	CURR LOC	TRANS TYPE	GR CODE	ASSIGNED TO
MURRAY, STEVEN		1037015	NNCC	RTRN_L1	MED	CLUCAS
LEVEL	TRANSACTION DATE	DAYS LEFT	FINDING		USER ID	STATUS
1	08/26/2024	5	Denied		CLUCAS	A

INMATE COMPLAINT

OFFICIAL RESPONSE

Offender Murray, Steve # 1037015,

I am in receipt of your first level grievance log number 2006-31-66536 with regards to wanting follow-up care for your blood cancer, as well as to be seen by the outside provider. After reviewing your chart, you have had current labs drawn, and the nursing staff have been in contact with the oncologist. It was found that you are not being compliant with your Hydroxyurea, which you need to take as prescribed for your current diagnosis. You received a CTA of your chest and abdomen recently, as well as an appointment with the cardiologist. Your current plan of care is being met. Monetary compensation is unfounded at this time. Grievance denied.

Charles R. Doni

St. M

GRIEVANCE RESPONDER

Report Name: NVRIGR

Run Date: AUG-26-24 08:09 AM

Page 1 of 1

Log Number 14636NEVADA DEPARTMENT OF CORRECTIONS
FIRST LEVEL GRIEVANCENAME: Steve Murray I.D. NUMBER: 1037015
INSTITUTION: N.N.C.C. UNIT: 2B-7GI REQUEST THE REVIEW OF THE GRIEVANCE, LOG NUMBER 2026-31-66536, IN A FORMAL MANNER. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW.

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: Steve Murray DATE: 8-15-24
WHY DISAGREE: Contrary to your response since filing this grievance. I have not seen a provider. My claims still stand the same (see Informal) Resolution? See attached Administrative Claim Form.GRIEVANCE COORDINATOR SIGNATURE: A. Zimmerman DATE: 8-20-24FIRST LEVEL RESPONSE: _____

_____GRIEVANCE UPHELD GRIEVANCE DENIED ISSUE NOT GRIEVABLE PER AR 740WARDEN'S SIGNATURE: Chambers TITLE: RN DONI DATE: 8/26/24GRIEVANCE COORDINATOR SIGNATURE: A. Zimmerman DATE: 8-29-24INMATE AGREES SM INMATE DISAGREES _____INMATE SIGNATURE: Steve Murray DATE: 8-10-24

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A SECOND LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original: To inmate when complete, or attached to formal grievance
Canary: To Grievance Coordinator
Pink: Inmate's receipt when formal grievance filed
Gold: Inmate's initial receipt

RECEIVED

AUG 20 2024

NNCC

PG
8/19/24
SM

Log Number 10536NEVADA DEPARTMENT OF CORRECTIONS
FIRST LEVEL GRIEVANCENAME: Steve Murray I.D. NUMBER: 1037015INSTITUTION: N.N.C.C. UNIT: 2B-7GI REQUEST THE REVIEW OF THE GRIEVANCE, LOG NUMBER 20016-31-66536, IN A FORMAL MANNER. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW.

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: Steve Murray DATE: 8-15-24WHY DISAGREE: Contrary to your response since filing this grievance. I have not seen a provider. My claims still stand the same (see Informal) Resolution: See attached Administrative Claim Form.GRIEVANCE COORDINATOR SIGNATURE: A. Zimmerman DATE: 8-20-24FIRST LEVEL RESPONSE: _____

_____GRIEVANCE UPHELD GRIEVANCE DENIED ISSUE NOT GRIEVABLE PER AR 740WARDEN'S SIGNATURE: Chubbs TITLE: BN MDT DATE: 8/15/24GRIEVANCE COORDINATOR SIGNATURE: A. Zimmerman DATE: 8-20-24INMATE AGREES INMATE DISAGREES INMATE SIGNATURE: Steve Murray DATE: 8-10-24

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A SECOND LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

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State of Nevada
Department of Corrections

INMATE GRIEVANCE REPORT

ISSUE ID# 20063166536

ISSUE DATE: 06/18/2024

ISSUE LOC: NNCC

INMATE NAME		NDOC ID	CURR LOC	TRANS TYPE	GR CODE	ASSIGNED TO
MURRAY, STEVEN		1037015	NNCC	RTRN_INF	MED	JISAACSON
LEVEL	TRANSACTION DATE	DAYS LEFT		FINDING	USER ID	STATUS
IF	07/19/2024	4		Partially Granted	JISAACSON	A

INMATE COMPLAINT

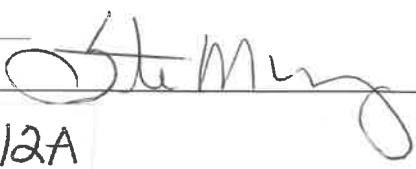
OFFICIAL RESPONSE

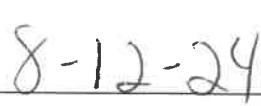
Offender Murray, Steven #1037015,

In response to your Informal grievance log number 2006-31-66536 with regards to you requesting medical care. Since filing this grievance, you have been seen and your issues have been addressed. You are also pending scheduling for an outside provider. Your claims for monetary compensation are unfounded. Grievance partially granted.


 GRIEVANCE RESPONDER

Report Name: NVRIGR
 Run Date: JUL-19-24 02:04 PM


 12A


 8-12-24

Log Number 20240-31-1a0536NEVADA DEPARTMENT OF CORRECTIONS
INFORMAL GRIEVANCENAME: Steve MurrayI.D. NUMBER: 1037015INSTITUTION: NNCCUNIT: 1A 3F

Start
GRIEVANT'S STATEMENT: I suffer from two types of blood cancer and my blood, red blood cells and platelets have to be monitored weekly due to medication usage & dosages, or I may die prematurely as a result of heart attack or stroke. My red blood cell count is dangerously low. Last lab was 5-22-24.

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: Steve MurrayDATE: 6-7-24 TIME: 1:15 pmGRIEVANCE COORDINATOR SIGNATURE: CD DuttonDATE: 6/18/24 TIME: 10:10am

GRIEVANCE RESPONSE: _____

CASEWORKER SIGNATURE: SMDATE: 8/2/24GRIEVANCE UPHELD SM GRIEVANCE DENIED SM ISSUE NOT GRIEVABLE PER AR 740GRIEVANCE COORDINATOR APPROVAL: SMDATE: 7/3/24INMATE AGREES SM INMATE DISAGREESINMATE SIGNATURE: Steve Murray DATE: 8-10-24

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A FIRST LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original: To inmate when complete, or attached to formal grievance

Canary: To Grievance Coordinator

Pink: Inmate's receipt when formal grievance filed

Gold: Inmate's initial receipt

RECEIVED

JUN 18 2024

BY: NNCC DOC 3091 (12 / 01)Rcvd
6/11/24
SM

13A

Log Number 200816110520NEVADA DEPARTMENT OF CORRECTIONS
INFORMAL GRIEVANCENAME: Steve MurrayI.D. NUMBER: 1037015INSTITUTION: NNCCUNIT: 1A3F

GRIEVANT'S STATEMENT: I suffer from two types of blood cancer and my blood, red blood cells and platelets have to be monitored weekly due to medication usage & dosages, or I may die prematurely as a result of heart attack & stroke. My red blood cell count is dangerously low. Last lab was 5-22-24.

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: Steve Murray DATE: 6-7-24 TIME: 1:15 pmGRIEVANCE COORDINATOR SIGNATURE: CD DATE: _____ TIME: _____GRIEVANCE RESPONSE: _____

_____CASEWORKER SIGNATURE: Amber DATE: 8/12/24 GRIEVANCE UPHELD GRIEVANCE DENIED ISSUE NOT GRIEVABLE PER AR 740GRIEVANCE COORDINATOR APPROVAL: Amber DATE: 7/23/24 INMATE AGREES SM INMATE DISAGREESINMATE SIGNATURE: Steve Murray DATE: 8-12-24

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A FIRST LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original:	To inmate when complete, or attached to formal grievance
Canary:	To Grievance Coordinator
Pink:	Inmate's receipt when formal grievance filed
Gold:	Inmate's initial receipt

NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: Steve Murray I.D. NUMBER: 1037015

INSTITUTION: NNCC UNIT #: 1A3F

GRIEVANCE #: _____ GRIEVANCE LEVEL: Informal

GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 2

This deliberate indifference to this life threatening issue of mine, cannot be allowed to continue. NNCC Medical is failing to monitor me and I think it is intentional. On April 16, 24, I have notified medical of the same problem, and we cannot keep going on like this. Solution: Provide received treatment and monitoring. Have me seen by outside provider and maintain communication with this specialist. Exhaust the claim quickly so I can file a civil rights action required for me to protect myself from further deliberate indifference. I will seek a minimum of \$125,000.00 for this failure to treat and deliberate indifference.

Administrative Claim Form Attached

Original: Attached to Grievance
 Pink: Inmate's Copy

**NEVADA DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE CLAIM FORM**

**THIS FORM MUST BE COMPLETED PER NRS 41.036, 41.0322,
209.243 AND ADMINISTRATIVE REGULATION 740**

**DO NOT SEND DIRECTLY TO ATTORNEY GENERAL'S OFFICE,
BOARD OF EXAMINERS, OR DIRECTOR**

This form is to be attached to your grievance form for any injuries or any other claim (except property) arising out of a tort alleged to have occurred during your incarceration as a result of an act or omission of the Department of Corrections or any of its agents, former officers, employees or contractors.

The following information is necessary to fairly evaluate your claim. Please provide complete information. If you need more space, attach a separate sheet of paper. You may submit additional evidence if available. Such additional evidence will be returned.

CLAIM IN THE AMOUNT OF \$ 125,000.00 is hereby made against the Department of Corrections, based upon the following facts:

1. NAME OF CLAIMANT (Please print full name) <i>Steve Money</i>	2. I.D. # <i>1037015</i>	3. INSTITUTION <i>NWce</i>
4. AMOUNT OF CLAIM <i>\$125,000.00</i>	5. DATE AND DAY OF OCCURRENCE <i>April 24 and On Going</i>	6. TIME (a.m. or p.m.) <i>_____</i>
7. PLACE OF OCCURRENCE <i>Northern Nev. Corr. Ctr.</i>		

8. Describe here, in complete detail, exactly how your claim loss or damage occurred and why you believe the institution is responsible or liable:

As detailed in grievance, NWCC medical was failed to monitor my blood counts (2) and I am suffering from low red blood cell counts or dangerously high platelet counts. My condition has to be monitored weekly by blood tests and it is clear medical is being deliberately indifferent toward me and my cancer. This is inflicting extreme emotional and physical distress which is wholly needless.

9. Witnesses. Be sure to include any staff member who may have been involved in, or has any knowledge of, your alleged loss; also, list any inmate who has actual knowledge of facts pertinent to your claim:

NWCC medical
Outside Specialist

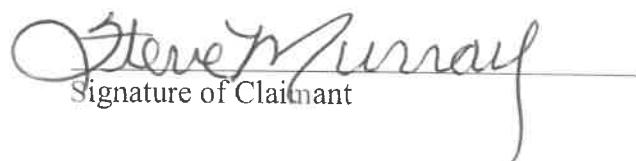
10. Other pertinent information:

STATE OF Nevada)
COUNTY OF Carson) SS

I, Steve Murray, do hereby swear under penalty of perjury that I am the claimant named above, that I have read the foregoing claim and know the contents thereof, that the same is true of my own knowledge, except those matters stated upon information and belief, and as to those matters, I believe them to be true, and that THIS IS MY ENTIRE CLAIM AGAINST THE STATE OF NEVADA/DEPARTMENT OF CORRECTIONS.

I FULLY UNDERSTAND THAT I WILL HAVE TO SIGN A GENERAL RELEASE OF ALL CLAIMS IN THE PRESENCE OF A NOTARY PUBLIC FOR THE EXACT AMOUNT I AM CLAIMING BEFORE ANY PAYMENT WILL BE OFFERED TO ME. THIS GENERAL RELEASE WILL BECOME EFFECTIVE ONLY UPON ACTUAL PAYMENT OF THE CLAIM BY THE STATE OF NEVADA.

DATED this 7 day of June, 2024


Signature of Claimant

NOTICE

NEVADA REVISED STATUTE 197.160 provides that every person who knowingly presents a false or fraudulent claim is guilty of a gross misdemeanor, and is subject to criminal penalties of imprisonment of up to one year, and a fine of up to \$2,000.00.

EXHIBIT B

EXHIBIT

Ex 1

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Murray, Steve	1037015	2B-7G	9-20-24

4.) REQUEST FORM TO: (CHECK BOX)	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> CASEWORKER	<input checked="" type="checkbox"/> MEDICAL	<input type="checkbox"/> LAW LIBRARY
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> SHIFT COMMAND
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: Provider\Staff

6.) REQUEST: (PRINT BELOW) Can you please let my cancer doctor know my platelets are very high so he can adjust my Hydroxyurea to lower my platelets. Elevated platelets puts me at High risk of Heart attack or STroke,

— Thank You.

7.) INMATE SIGNATURE Steve Murray DOC # 1037015

8.) RECEIVING STAFF SIGNATURE CJ Pios Segura DATE 09/20/24

9.) RESPONSE TO INMATE

Kite Received
Pending Scheduling

SEP 23 2024

10.) RESPONDING STAFF SIGNATURE _____ DATE _____

Lilley, Kalla EX 1

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Murray, Steve	1037015	10A-B	4-29-24

4.) REQUEST FORM TO: (CHECK BOX)	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN	
<input type="checkbox"/> CASEWORKER	<input checked="" type="checkbox"/> MEDICAL	<input type="checkbox"/> LAW LIBRARY	<input type="checkbox"/> DENTAL
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> SHIFT COMMAND	
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> OTHER _____	

5.) NAME OF INDIVIDUAL TO CONTACT: Nurse/records

6.) REQUEST: (PRINT BELOW) CAN you please make sure my weekly blood test for my cancer, get forwarded to my cancer Dr. He "re-quested" these results before and never received them. Therefore he can't adjust my chemo meds,

Carson Tahoe Cancer Ctr

Thank You. DR. Ragnel Bijuila
(775)445-7960

7.) INMATE SIGNATURE Steve Murray DOC # 10370158.) RECEIVING STAFF SIGNATURE C/L Lund DATE APRIL 29, 2024

9.) RESPONSE TO INMATE

Your results will be sent

10.) RESPONDING STAFF SIGNATURE _____ DATE _____

1
21B

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Steve Murray	1037015	10A-5Q	4-16-24
4.) REQUEST FORM TO: (CHECK BOX)		MENTAL HEALTH	CANTEEN
<input type="checkbox"/> CASEWORKER	<input checked="" type="checkbox"/> MEDICAL	<input type="checkbox"/> LAW LIBRARY	<input type="checkbox"/> DENTAL
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> SHIFT COMMAND	
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> OTHER	

5.) NAME OF INDIVIDUAL TO CONTACT: DR BENSON R.M.F. STAFF RE: PRE GRIEVANCE KITE
IMMINENT INJURY

6.) REQUEST: (PRINT BELOW) As a result of my Cancer diagnosis I receive
Chemotherapy to maintain Blood platelet levels at a level that prevents my DEATH.
Blood tests are Randomly conducted in order to Monitor my Platelet levels
OR AND to Facilitate adjustment to CHEMO. THE deliberate FAILURE
by R.M.F. and DR. Benson to ensure that my TEST Results are
Transmitted/Provided to my ONCOLOGIST works to Prevent adjustments
to My CHEMO. AS A Result my Platelet levels ARE AT A
CRITICAL level Death and Permanent damage is imminent <sup>Please Investigate,
Review</sup> ~~Please Investigate,
Review~~

7.) INMATE SIGNATURE Steve Murray DOC # 1037015

8.) RECEIVING STAFF SIGNATURE BKasain DATE 04/26/24

9.) RESPONSE TO INMATE

Kite Received
Pending Scheduling

RECEIVED APR 18 2024

10.) RESPONDING STAFF SIGNATURE _____ DATE _____

EX-1

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Steve Murray	1037015	2C-60	3-10-24

4.) REQUEST FORM TO: (CHECK BOX)	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> CASEWORKER	<input checked="" type="checkbox"/> MEDICAL	<input type="checkbox"/> LAW LIBRARY
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> SHIFT COMMAND
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: Doctor Provider

6.) REQUEST: (PRINT BELOW) CAN you please see if my follow up was scheduled to see the cancer doctor (6-week follow up)
My Platlets are very high (See weekly lab work) the Chemo pill Hydroxyurea is NOT working. I'm in a lot of pain and having dizzy Spells,

— Thank You.

7.) INMATE SIGNATURE Steve Murray DOC # 1037015

8.) RECEIVING STAFF SIGNATURE A. White DATE 3/10/24

9.) RESPONSE TO INMATE

Kite Received
Pending Scheduling

RECEIVED MAR 16 2024

10.) RESPONDING STAFF SIGNATURE _____ DATE _____

NAME	Steve Murray	ID#	1037015	Unit/Cell#:	3-C1
FACILITY	TLVCC	DATE	12-1-23	SIGNATURE	
Request					
<p>Can I please see the DR. On my last blood test my Red blood cells were dangerously LOW. And my Chemo drug was Not adjusted to fix the issue. Also I'd like the results of the X-ray taken a month ago. Thank you for your time in this matter.</p>					
INMATES - DO NOT WRITE IN AREA BELOW					
ASSIGNED TO					
<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Psychiatry <input type="checkbox"/> Nursing <input type="checkbox"/> Other _____					
Response to request					
<input checked="" type="checkbox"/> Appointment scheduled/rescheduled for: <u>DR.</u> <input type="checkbox"/> No visit necessary <input type="checkbox"/> No show for appointment <input type="checkbox"/> Refused to be seen. DOC 2523 Release of Liability signed					
PRESCRIPTIONS					
<input type="checkbox"/> KOP <input type="checkbox"/> NON-KOP <input type="checkbox"/> Order date _____					
DEC 01 2023					
<input type="checkbox"/> Follow-up appointment _____ <input type="checkbox"/> Return if needed <input type="checkbox"/> No follow-up required					
<u>DR</u> Signature of practitioner/responder _____ Date _____					
NEVADA DEPARTMENT OF CORRECTIONS MEDICAL KITE and SERVICE REPORT					

EXHIBIT C

EXHIBIT

Lab Corp: Normal Range \rightarrow RBC: 4.50-6.20
 \rightarrow Plts: 1.50-4.50

LAB RESULTS

1-24-24 > ?

2-8-24 > Plts High

(seen Cancer Dr.) Dr. Voss

3-7-24 > Plts High

3-14-24 > Plts High

3-20-24 > ?

3-18 Dr Benson

4-11-24 > Plts High 7.00

* 4-14-24 > Lab called Plts critical high 1.150 (seen nurse meadeth)

4-15-24 > Plts High 1.1550 Dr. Benson

4-24-24 > ? (seen Cancer Dr.)

4-26-24 > ?

4-29-24 > Plts critical High

5-3-24 > RBC to High (1) pint of blood taken out, (cancer-Tahoe)

5-6-24 > RBC good, Plts High 6.50

5-13-24 > RBC low 4.0, Plts 6.42 High

5-22-24 > RBC low 3.2, Plts 4.50 good 6-13 Dr Voss

6-15-24 > RBC low 4.0, Plts 6.52 high (Lab called seen NP. Chris)

7-8-24 > RBC low ?, Plts high 9.84

7-24-24 > RBC low 3.25, Plts 9.84 high

8-19-24 > RBC low 3.40, Plts 5.49 high 8-26 Dr Benson

8-27-24 > Plts critical high ? (seen Cancer Dr.)

8-30-24 > RBC good, Plts 1.10 High

9-5-24 > ? RBC low, Plts 8.50 High

9-12-24 > RBC 4.50, Plts 8.5 High

9-19-24 > RBC good, Plts 8.5 High (9-15 ^{Cancer} Seen Dr)

9-24-24 > RBC low 4.1, Plts 5.50 High

10-3-24 > RBC low 3.7, Plts 4.9 High (cancer doctor, changed
Cems P.11)

EXHIBIT D

EXHIBIT

Dr. Biju, or Medical Staff,

Thur 25, 2024

On 6-15-24, The lab that does the Blood Analysis for the prison called here and had the nurse to call me up to Medical to make sure "I'm alright", because my platelets were over 1000 and considered this as "Critical". This is the 3rd time this has happened in the last few months.

On 7-8-24, They did blood test again and my platelets are still high 9.84 but my RBC are dangerously low 3.25.

Doctor, can you please tell me why the prison is NOT adjusting my chemo to lower my platelets or if I need to refuse chemo to let my red blood cells get back to normal? I'm very confused about why my platelets are not staying in the normal range.

Furthermore, I thought you said to see me back "in 30 days" of my last visit. I'm I scheduled to see you soon?

Thank you & your staff for your time in this matter.

Steve Murray

To: Medical Director, NDOC

7-31-24

Respectfully, I'm housed at NCCC and being treated in the R. M.F. for (2) terminal Cancers: Myeloproliferative Neoplasm and Primary Myelofibrosis. As a result of my Cancer diagnosis I receive Chemotherapy drug called Hydroxyurea 1000 mg every day to maintain blood platelets levels that prevent my death and also to facilitate adjustment to my chemo. My blood work needs to be monitored weekly due to medication usage & dosages, or I may die prematurely as a result of heart attack or stroke due to my platelets being so high. As of last lab my RBC 3.25 is (Low) and platelets are 9,84 (High) this was done on 7-24-2024. Just recently my platelets got as High as 1550 and the lab that does the blood work called here and told Nurse Chriss she needs to check on me due to my platelets are at a "CRITICAL" High.

My chemo has not been adjusted to bring down my High platelets. The RMF Staff blame my Cancer Dr for "not adjusting it". My Cancer Dr blames RMF for not sending him the weekly results so he can adjust my chemo". Meanwhile, my cancer is now aggressively progressing and neither the RMF or Cancer Dr doing anything about it. Now my life is subject to Uncertainty. Can you PLEASE Help Me? Solution: Provide required weekly blood work and monitoring so adjustments can be made ^{by my Cancer Doctor} on my chemo drug. Thank You for your help in this matter.

The Hydroxyurea I take daily also kills my Immune System, So I've been getting Boost twice a day for Immune Support and to maintain my weight. The RMF Staff just recently —

Inflections, etc. Also I'm losing a lot of weight.

Can you PLEASE look into this and Help Me. I should not have to go thru the grievance process to get adequate medical care by the RMF Staff. This is a Life Threatening Condition that can only be addressed by swift Medical Treatment to lower my "Critical High" platelets.

Thank You for your help in this matter, and I Look forward to hearing back from you.

Sincerely
Steve Murray #1037015
(2B-7G)
NNCC P.O. Box 7000
Carson City, NV
89702

EXHIBIT E

EXHIBIT

2006 3166633

NEVADA DEPARTMENT OF CORRECTIONS
EMERGENCY
GRIEVANCE FORMNAME: Steve MurrayI.D. NUMBER: 1037015INSTITUTION: N.N.C.C.UNIT: 1A-3F

GRIEVANT'S STATEMENT: I WAS seen in Medical today And seen for "High Platelets" OVER 1000 is "considered critical" Mine are over 1000" as told to me by the Nurse I seen and Nurse Chiss on Sat told by the Lab that does my blood work "To check on me because of them being over 1000"!! I told her if I get worse, As "She told me to get back in to Medical A.S.A.P" I did as she suggested. I Also complained of carbon monoxide. I Need Tested!

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: Steve MurrayDATE: 6/19/24 TIME: 9:50AMRECEIVING STAFF SIGNATURE: clay AggDATE: 6/19/24 TIME: 10:28SUPERVISOR COMMENT/ACTION TAKEN ON EMERGENCY GRIEVANCE: PER AR 740THIS GRIEVANCE DOES NOT CONSTITUTE AN EMERGENCY.SUPERVISOR SIGNATURE: J. BeckerTITLE: Sgt. DATE: 6/19/24 TIME: 11:30INMATE AGREES: _____ INMATE DISAGREES: S.M.INMATE SIGNATURE: Steve Murray TIME: 3:14 pm DATE: 6-19-24

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A FORMAL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original: To inmate when complete, or attached to formal grievance

Canary: To Grievance Coordinator when complete

Pink: Inmate's initial receipt

EXHIBIT F

EXHIBIT

EXHIBIT G

EXHIBIT

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Steve Murray	1037015	2B 7C	10-21-24
4.) REQUEST FORM TO: (CHECK BOX)		MENTAL HEALTH	CANTEEN
<input type="checkbox"/> CASEWORKER	<input checked="" type="checkbox"/> MEDICAL	<input type="checkbox"/> LAW LIBRARY	<input type="checkbox"/> DENTAL
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> SHIFT COMMAND	
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> OTHER	

5.) NAME OF INDIVIDUAL TO CONTACT: DR. BLOSS

6.) REQUEST: (PRINT BELOW) On or about 9-23-24 you ordered for me Boost twice a day. And the order was good for 6-months. Can you please tell me why I'm not getting it? Even Sharon said I was going to get it (Sharon RDA dental assistant). My Cancer doctor Ragnel Bijuula (Carson Tahoe Cancer Ctr) Ordered it on 8-27-24 and again on 10-15-24, for Immune Support. Because the Chemo pill I take daily kills your Immune System, leaving me at risk of getting sick.

7.) INMATE SIGNATURE Steve Murray DOC # 1037015
 8.) RECEIVING STAFF SIGNATURE C/O DATE 10/21/24

NO

9.) RESPONSE TO INMATE

10.) RESPONDING STAFF SIGNATURE lepr

DATE

OCT 22 2024

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Steve Murray	1037015	2B-7G	9-2-24

4.) REQUEST FORM TO: (CHECK BOX)	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> CASEWORKER	<input checked="" type="checkbox"/> MEDICAL	<input type="checkbox"/> LAW LIBRARY
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> SHIFT COMMAND
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: Dr.Benson/Provider

6.) REQUEST: (PRINT BELOW) I seen Dr.Benson on 8-26-24, He stated he would refill my "pain pill Tramadol for my cancer, and prescribed Naproxen, Motrin, And my Boost 2 twice a day for Immune Support". I still have not received my meds And now I've been out for (57) days. I'm in a lot of pain and having issues sleeping, eating, and causing me a lot of anxiety and mental anguish to where I'm having a hard time with basic daily activitys. Please I need to see the Doctor my whole body hurts.

Please, Thank You

7.) INMATE SIGNATURE Steve Murray DOC # 1037015

8.) RECEIVING STAFF SIGNATURE ***** DATE 9/2/24

9.) RESPONSE TO INMATE

Kite Received
Pending Scheduling

10.) RESPONDING STAFF SIGNATURE chw DATE SEP 04 2024

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Steve Murray	1037015	2B-7G	8-15-24

4.) REQUEST FORM TO: (CHECK BOX)	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> CASEWORKER	<input checked="" type="checkbox"/> MEDICAL	<input type="checkbox"/> LAW LIBRARY
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> SHIFT COMMAND
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: Medical Refill Request (Cancer Meds)

6.) REQUEST: (PRINT BELOW) I've been requesting refills on these (2) #646951 sun screen for my cancer, And Boost (Immune Support) # 613927 VITAMIN D3 2000 U Also for my cancer

I received my kite back (see Attached) "Only(1) request is needed". I WAS told by the pill call window nurse to "follow the posted procedure". The posted procedure states "You must request everyday for refills". As you can see the problem, wouldn't it be easy to just refill these cancer meds?

7.) INMATE SIGNATURE Steve Murray DOC # 1037015
 8.) RECEIVING STAFF SIGNATURE C/o Murray DATE 8-15-2024

9.) RESPONSE TO INMATE

Sunscreen plus a) Kite 8-16-24

Vit D3 - new order signed by HD.

The Boost, must KITE to see provider.

10.) RESPONDING STAFF SIGNATURE Cynthia Kite DATE 8/27/24

NAME Murray Steve ID# 1037015 Unit/Cell#: 2B-76
 FACILITY NNCC DATE 8-9-24 SIGNATURE Steve Murray

Request

I need to see a doctor my pain pills for my cancer have been out for over a month and now the elavil is now out also. I'm in severe pain my attempt to mandomine was refused by it "Not a medical emg." I'm in severe pain from my terminal cancer. You cannot fake this. Bone Cancer is one of the most painful.

INMATES - DO NOT WRITE IN AREA BELOW

ASSIGNED TO

Medical Dental Psychiatry Nursing Other _____

Response to request

**Kite Received
Pending Scheduling**

Appointment scheduled/rescheduled for: _____
 No visit necessary
 No show for appointment
 Refused to be seen. DOC 2523 Release of Liability signed

PRESCRIPTIONS

KOP NON-KOP
 Order date _____

PLAN

Follow-up appointment _____ Return if needed
 No follow-up required

CHW
Signature of practitioner/responder

SEP 06 2024
Date

NEVADA DEPARTMENT OF CORRECTIONS
MEDICAL KITE and SERVICE REPORT

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Murray, Steve	1037015	2B-76	7-26-24

4.) REQUEST FORM TO: (CHECK BOX)	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> CASEWORKER	<input checked="" type="checkbox"/> MEDICAL	<input type="checkbox"/> LAW LIBRARY
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> SHIFT COMMAND
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: Dr Voss, Provider

6.) REQUEST: (PRINT BELOW) Will you please renew my pain pills for my Cancer. I'm in a lot of pain and having a hard time sleeping. Also my Milk of Magnesia I'm out and have severe stomach pain. I've not gone to the Bathroom in 5 days, I tried to man-down And was told "not an EMERGENCY". I need to see a provider or a Doctor

Thanks

7.) INMATE SIGNATURE Steve Murray DOC # 1037015

8.) RECEIVING STAFF SIGNATURE See Delle DATE 7-26-24

9.) RESPONSE TO INMATE

10.) RESPONDING STAFF SIGNATURE C. P. L. DATE 8-1-24

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INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Steve Murray	1037015	2B-7G	7-26-24

4.) REQUEST FORM TO: (CHECK BOX)	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> CASEWORKER	<input checked="" type="checkbox"/> MEDICAL	<input type="checkbox"/> LAW LIBRARY
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> SHIFT COMMAND
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: Provider (Pre Grievance kites)

6.) REQUEST: (PRINT BELOW) Due to the chemo drug I'm taking (Hydroxyurea) I was prescribed over a year ago Ensure Boost for Immune support due to the chemo drug (Hydroxyurea) kills your Immune system so you can't fight off infections etc. Furthermore I was getting it to maintain my weight. Just in the last few months medical cut me off for (2) months and I went from 155 lbs to 134 lbs. I need to see a provider. Its my belief this is just further retaliation for filing a grievance against medical over my cancer treatment.

7.) INMATE SIGNATURE Steve Murray DOC # 1037015

8.) RECEIVING STAFF SIGNATURE CD Holton DATE 7-26-24

9.) RESPONSE TO INMATE

Kite Received
Pending Scheduling

10.) RESPONDING STAFF SIGNATURE John DATE 8-1-24

REQUEST

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INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Steve Murray	1037015	2B-7G	7-23-24

4.) REQUEST FORM TO: (CHECK BOX)	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> CASEWORKER	<input checked="" type="checkbox"/> MEDICAL	<input type="checkbox"/> LAW LIBRARY
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> SHIFT COMMAND
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: Provider/Dr. Voss

6.) REQUEST: (PRINT BELOW) Approximately 3 weeks ago my pain meds for my terminal Cancer were stopped because "They Expired" Why haven't they been Renewed? I'm in a lot of pain, can you please Renew these, Or see me?

Its my belief this is just futher retaliation for filing a Grievance against medical for not keeping my cancer in remission and allowing my platelets to go into the "Red Zone" 3 times more than the Norm. Which now my cancer is progressing Aggressirely.

7.) INMATE SIGNATURE Steve Murray DOC # 1037015

8.) RECEIVING STAFF SIGNATURE CID R005 Segura DATE 07/24/2024

9.) RESPONSE TO INMATE

10.) RESPONDING STAFF SIGNATURE _____ DATE _____

NAME Steve Murray ID# 1037015 Unit/Cell#: 2B-7G
 FACILITY NNCC DATE 7-23-24 SIGNATURE Steve Murray

Request

Can I please see a Provider I'm in a lot of pain. I have not had my pain meds in over 2 weeks, I don't understand why there not being refilled?

Thank You.

INMATES - DO NOT WRITE IN AREA BELOW

ASSIGNED TO

Medical Dental Psychiatry Nursing Other _____

Response to request

Kite Received
Pending Scheduling

Appointment scheduled/rescheduled for: _____
 No visit necessary
 No show for appointment
 Refused to be seen. DOC 2523 Release of Liability signed

PRESCRIPTIONS

KOP NON-KOP

Order date _____

PLAN

Follow-up appointment _____ Return if needed
 No follow-up required

Signature of practitioner/responder

Date

7-24-24

NEVADA DEPARTMENT OF CORRECTIONS
MEDICAL KITE and SERVICE REPORT

NAME Steve Murray ID# 1037015 DOB 4/16/64

FACILITY NNCC Unit/Cell # 2B-7G

SIGNATURE Steve Murray DATE 7/15/24

Request

Dr Ross) Provider Its been over (2) weeks and I still have not received my pain meds. Can you please see me? or at least tell my why?

Thank You.

OFFENDERS - DO NOT WRITE IN AREA BELOW

ASSIGNED TO

Medical Dental Psychiatry Nursing Other _____

Response to request

You pain medicine is here, please come to pill call to get it.

Appointment scheduled/rescheduled for: _____

No visit necessary

No show for appointment

Refused to be seen. DOC 2523 Release of Liability signed

PRESCRIPTIONS

KOP NON-KOP

Order date _____

PLAN

Follow-up appointment _____

No follow-up required _____

Return if needed
DO NOT REMOVE
AUG 06 2024

Signature of practitioner/responder

Date

BY

NEVADA DEPARTMENT OF CORRECTIONS
MEDICAL KITE and SERVICE REPORT

43G

NAME Steve Murray ID# 1037015 Unit/Cell#: 2B-7G

FACILITY NNCC

DATE 7-13-24

SIGNATURE Steve Murray

Request

Can you Please get me in to see a Doctor provider, I'm in a lot of pain and my tramadol has "expired",

Thank You,

INMATES - DO NOT WRITE IN AREA BELOW

ASSIGNED TO

Medical Dental Psychiatry Nursing Other _____

Response to request

Kite Received
Pending Scheduling

Appointment scheduled/rescheduled for: _____
 No visit necessary
 No show for appointment
 Refused to be seen. DOC 2523 Release of Liability signed

PRESCRIPTIONS

KOP NON-KOP

Order date _____

PLAN

Follow-up appointment _____ Return if needed
 No follow-up required

 Signature of practitioner/responder

Date 7-26-24

NEVADA DEPARTMENT OF CORRECTIONS
MEDICAL KITE and SERVICE REPORT

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Murray Steve	1037015	2B-7G	7/12-24

4.) REQUEST FORM TO: (CHECK BOX)	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> CASEWORKER	<input checked="" type="checkbox"/> MEDICAL	<input type="checkbox"/> LAW LIBRARY
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> SHIFT COMMAND
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: Dr Voss Provider

6.) REQUEST: (PRINT BELOW) Can you please renew my tramadol
it has "expired" I'm in a lot of pain

Thank You

7.) INMATE SIGNATURE Steve Murray DOC # 1037015

8.) RECEIVING STAFF SIGNATURE John Johnson DATE 07/13/2024

9.) RESPONSE TO INMATE

Kite Received
Pending Scheduling

10.) RESPONDING STAFF SIGNATURE DATE 7-26-24

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INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Steve Murray	1037015	2B-7G	6-10-24

4.) REQUEST FORM TO: (CHECK BOX)

<input type="checkbox"/> CASEWORKER	<input checked="" type="checkbox"/> MEDICAL	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> LAW LIBRARY	<input type="checkbox"/> DENTAL
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> SHIFT COMMAND	<input type="checkbox"/> OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: Dr. Ross Provider

6.) REQUEST: (PRINT BELOW) my Tramadol has "expired" Can you please fix this, or get me in to see you. I'm in a lot of pain.

Thank you

7.) INMATE SIGNATURE Steve Murray

DOC # 1037015

8.) RECEIVING STAFF SIGNATURE Allen L. Bell

DATE 7-10-2024

9.) RESPONSE TO INMATE

10.) RESPONDING STAFF SIGNATURE _____ DATE _____

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Murray, Steve	1037015	2B-7G	8-9-24

4.) REQUEST FORM TO: (CHECK BOX)	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> CASEWORKER	<input checked="" type="checkbox"/> MEDICAL	<input type="checkbox"/> LAW LIBRARY
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> SHIFT COMMAND
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: Doctor\Provider

6.) REQUEST: (PRINT BELOW) Not only my pain medican ran out over a month ago, Now today I'm told "my elavil is out" these medican's are for my terminal Cancer. We are told by medical Staff to ask for refills "7 day in Advance". So we dont run out", I have no control over these (2) pills to know when they need to be refilled. This is just more retaliation for filing a grievants on medical over the inadequate medical care for my Cancer. I need to see a doctor to get these refilled. This is cruel and unusual punishment and causing Mental Anguish!

7.) INMATE SIGNATURE Steve Murray DOC # 1037015

8.) RECEIVING STAFF SIGNATURE CJ/B DATE 8/9/24

9.) RESPONSE TO INMATE

10.) RESPONDING STAFF SIGNATURE _____ DATE _____

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Murray, Steve	1037015	1-C-3F	1-25-24
4.) REQUEST FORM TO: (CHECK BOX)		MENTAL HEALTH	CANTEEN
<input type="checkbox"/> CASEWORKER	<input checked="" type="checkbox"/> MEDICAL	<input type="checkbox"/> LAW LIBRARY	<input type="checkbox"/> DENTAL
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> SHIFT COMMAND	
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> OTHER	

5.) NAME OF INDIVIDUAL TO CONTACT: Staff,

6.) REQUEST: (PRINT BELOW) I need to see the Doctor regarding my IBS for pain that was wrote on by the Dr 1-4-24. I have not got them nor my boost to maintain my weight, do to my cancer. Can you please put me on the list to see the Doctor.

Thank You

7.) INMATE SIGNATURE Steve Murray DOC # 1037015

8.) RECEIVING STAFF SIGNATURE John White DATE 1/15/2024

9.) RESPONSE TO INMATE

10.) RESPONDING STAFF SIGNATURE _____ DATE _____

EXHIBIT H

EXHIBIT



Nevada Department of Corrections

Improper Grievance Memo

Ex

TO: Murray, Steven [0001037015]

FROM: Robert Hartman, Associate Warden - NNCC *NY*

DATE: December 3, 2024

RE: Improper Grievance # 2006-31-68285 – 4th Rejection

The attached grievance is being returned to you for the following reason(s):

REJECTED - After correcting the deficiencies(s) listed below; you may re-submit your grievance at the same level unless specified. Failure to re-submit the grievance through the prescribed timeframe shall constitute abandonment.

Missing Documents:

Please resubmit to include any of the following documents that apply to the issue. i.e. Property Transfer Sheets, Canteen Receipts, Unauthorized Property Form, Inmate Property Claim Forms and Proof of continuous ownership receipts, Store Order Form, Inmate Bank Statement, applicable Administrative Claim Form or Property Claim Form and any other relevant documentation in support of the claim must be included per AR 711.02.3 (F).

<input type="checkbox"/> No harm/loss, action, or remedy	<input type="checkbox"/> Improper submission
<input type="checkbox"/> Alterations	<input type="checkbox"/> Failure to correct deficiencies
<input checked="" type="checkbox"/> Other specify: Wrong Grievance Form. AR 740.08.1. At the Informal Level, an inmate shall file a grievance (Form DOC-3091) after failing to resolve the matter by other means such as discussion with staff or submitting an inmate request form (DOC 3012). Likewise, the First Level cannot be submitted until accepted at the Informal Level and a Second Level cannot be submitted until accepted at the First Level. This grievance is still at the First Level.	

NOT ACCEPTED - If not accepted due to any of the reasons in this box, the grievance may NOT proceed to the next level Per AR 740.03.5 and 740.04.G.

Non-grievable issues:

<input type="checkbox"/> State and federal court decisions	<input type="checkbox"/> Parole Board actions and/or decisions
<input type="checkbox"/> State, federal and local laws and regulations	<input type="checkbox"/> Lacks standing

Untimely submission

Inmate elected NOT to sign and date any grievance form

Grievance was granted

Abuse of Inmate Grievance Procedure

<input type="checkbox"/> A threat of serious bodily injury to a specific individual	<input type="checkbox"/> Obscene, profane and derogatory language
<input type="checkbox"/> Specific claims or incidents previously filed by the same inmate	<input type="checkbox"/> More than one (1) grievance per week, Monday through Sunday

S. Walker ccs

Witness Signature

12/5/24

Date

Inmate Signature

Date



Nevada Department of Corrections

Improper Grievance Memo

TO: Murray, Steven #1037015 UNIT: 2B-7G

FROM: AWP Hartman, NNCC *W*

DATE: August 20, 2024

RE: Improper Grievance # 2006-31-68285 REJ: 2

The attached grievance is being returned to you for the following reason(s):

REJECTED - After correcting the deficiencies(s) listed below, you may re-submit your grievance at the same level unless specified. Failure to re-submit the grievance through the prescribed timeframe shall constitute abandonment.

<input type="checkbox"/> Missing documents	<input type="checkbox"/> More than one issue
<input type="checkbox"/> No harm/loss, action, or remedy	<input type="checkbox"/> Improper submission
<input checked="" type="checkbox"/> Not a KITE - <u>Submit an Inmate Request Form (DOC 3012) to consult with the PROPERTY SGT. for assistance.</u>	<input type="checkbox"/> Not signed or dated
<input type="checkbox"/> Missing inmate personal property claim form	<input type="checkbox"/> Disciplinary appeal process/directly to warden
<input type="checkbox"/> Alterations	<input type="checkbox"/> Failure to correct deficiencies
<input type="checkbox"/> Missing administrative claim form	<input type="checkbox"/> Untimely submission
<input type="checkbox"/> Continuation forms	<input type="checkbox"/> Staff misconduct (IG Review Submitted)
<input type="checkbox"/> Other specify:	

NOT ACCEPTED - If not accepted due to any of the reasons in this box, the grievance may NOT proceed to the next level Per AR 740.03.5 and 740.04.G...

<input type="checkbox"/> Non-grievable issues:	
<input type="checkbox"/> Untimely submission	
<input type="checkbox"/> Inmate elected NOT to sign and date any grievance form	
<input type="checkbox"/> Grievance was granted	
<input checked="" type="checkbox"/> Abuse of Inmate Grievance Procedure	
<input checked="" type="checkbox"/> Other specify: <i>AR740.03.5 In the event an inmate's claim is not accepted or not within the intended scope of this regulations, the inmate may not appeal that decision to the next procedural level.</i> <i>Please NOTE: a DOC 3098 is not a response, it is an Improper Grievance Notification. This grievance is still at the Informal Level.</i> <i>Resubmission to include all previously submitted grievance documents, including Improper Grievance Memo(s) DOC 3098. Please review AR 740, available in the Law Library.</i>	
<input type="checkbox"/> A threat of serious bodily injury to a specific individual	<input type="checkbox"/> Obscene, profane and derogatory language

Sm
Witness Signature

9/10/24
Date

Steven Murray
Inmate Signature

9-10-24
Date

LOG NUMBER: 20063168285

**NEVADA DEPARTMENT OF CORRECTIONS
SECOND LEVEL GRIEVANCE**

NAME: Steve Murray I.D. NUMBER: 1037015

INSTITUTION: N.N.C.C. UNIT: 4C-20

I REQUEST THE REVIEW OF THE GRIEVANCE, LOG NUMBER 20063168285, ON THE SECOND LEVEL. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW.

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: Steve Murray DATE: 11-23-24

WHY DISAGREE: I due stand by my informal and 1st level grievance. All facts, points, Authorities, statements of claim / Loss / injury, my issues are not being conveyed in an abusive manor, rather in a manner in which all parties can understand the problem that lay present before us "My Harm". Remedy: Same as Informal attached.

GRIEVANCE COORDINATOR SIGNATURE: John Doe DATE: 12/3/24

SECOND LEVEL RESPONSE:

Rosario - Doc 9098

GRIEVANCE UPHELD GRIEVANCE DENIED ISSUE NOT GRIEVABLE PER AR 740

SIGNATURE:  TITLE: DATE: / /

GRIEVANCE COORDINATOR SIGNATURE: *Mark Hanrahan* DATE: 12/4/2009

INMATE SIGNATURE: Steve Murray DATE: 1/25-11

THIS ENDS THE FORMAL GRIEVANCE PROCESS

Original:	To inmate when complete, or attached to formal grievance
Canary:	To Grievance Coordinator
Pink:	Inmate's receipt when formal grievance filed
Gold:	Inmate's initial receipt

RECEIVED

[REDACTED]

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Log Number 66785NEVADA DEPARTMENT OF CORRECTIONS
FIRST LEVEL GRIEVANCENAME: Steve Murray I.D. NUMBER: 1037015
INSTITUTION: NNCC UNIT: 2B-7GI REQUEST THE REVIEW OF THE GRIEVANCE, LOG NUMBER 2006-31-68285, IN A FORMAL MANNER. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW.

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: Steve Murray DATE: 8-14-24WHY DISAGREE: I spoke with Sgt Day over this issue on 7-24-24. He said to do the informal first. Not only was it denied on my doc. 3012 you stated you "do not have my glasses or teeth". So I feel this is my only avenue. On 8-14-24, prior to leaving the prison in medical. Transport officers were hostile and combative towards me saying to "quite faking ya are."
GRIEVANCE COORDINATOR SIGNATURE: D. Zimmerman DATE: 8-20-24FIRST LEVEL RESPONSE: Doc 3098 - Reopened GRIEVANCE UPHELD GRIEVANCE DENIED ISSUE NOT GRIEVABLE PER AR 740WARDEN'S SIGNATURE: TITLE: DATE: GRIEVANCE COORDINATOR SIGNATURE: DATE: INMATE AGREES: SM INMATE DISAGREES: INMATE SIGNATURE: Steve Murray DATE: 9-10-24

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A SECOND LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original:	To inmate when complete, or attached to formal grievance
Canary:	To Grievance Coordinator
Pink:	Inmate's receipt when formal grievance filed
Gold:	Inmate's initial receipt

RECEIVED

AUG 20 2024

NNCC

PL
8/19/24
Dm



Nevada Department of Corrections

Improper Grievance Memo

TO: Murray, Steven [0001037015] *Liable to Cure, not to defect!*

FROM: Robert Hartman, Associate Warden - NNCC *✓*

DATE: November 13, 2024

RE: Improper Grievance # 2006-31-68285 - 3rd Rejection

The attached grievance is being returned to you for the following reason(s):

REJECTED - After correcting the deficiency(s) listed below; you may re-submit your grievance at the same level unless specified. Failure to re-submit the grievance through the prescribed timeframe shall constitute abandonment.

Missing documents: Please resubmit to include any of the following documents that apply to the issue. i.e. Property Transfer Sheets, Canteen Receipts, Unauthorized Property Form, Inmate Property Claim Forms and Proof of continuous ownership receipts, Store Order Form, Inmate Bank Statement, applicable Administrative Claim Form or Property Claim Form and any other relevant documentation in support of the claim must be included per AR 711.02.3 (F).

NOT ACCEPTED - If not accepted due to any of the reasons in this box, the grievance may NOT proceed to the next level Per AR 740.03,5 and 740.04,G.

Non-grievable issues:

State and federal court decisions Parole Board actions and/or decisions

Inmate elected NOT to sign and date any grievance form

Grievance was granted

Abuse of Inmate Grievance Procedure

A threat of serious bodily injury to a specific individual Obscene, profane and derogatory language

Specific claims or incidents previously filed by the same inmate More than one (1) grievance per week, Monday through Sunday

Other specify: **The purpose of the 3 grievance levels is to provide a platform to resolve issues. Grievance forms are not to be used as a platform for rebuttal. Each level is bound by the same AR 740 regulations regarding structure & content.**

AR 740.06.2: At this level the inmate shall provide a signed, sworn declaration of facts that form the basis for a claim that the informal response is incorrect. This should include a list of persons, if any, who have relevant knowledge or information supporting the claim. Any additional relevant documentation should be attached at this level.

AR 740.09.4 At this level the inmate shall provide a justification to continue to the first level. You have not done this. The only justification provided is that there is camera footage, which as noted in the response to the informal response does not support your claim.

Resubmission to include all previously submitted grievance documents, including Improper Grievance Memo(s) DOC 3098. Please review AR 740, available in the Law Library.

Witness Signature

11/22/24

5.Murray

11-22-24

Log Number 20063168285

NEVADA DEPARTMENT OF CORRECTIONS
FIRST LEVEL GRIEVANCENAME: Steve Murray I.D. NUMBER: 1037015
INSTITUTION: N.N.C.C. UNIT: 3C-20I REQUEST THE REVIEW OF THE GRIEVANCE, LOG NUMBER 20063168285, IN A FORMAL MANNER. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW.

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: Steve Murray DATE: 11-10-24WHY DISAGREE: Contrary to your Response, I Know I was on Camery Video Leaving medical, Please save the video as I will need it for Court.My claims stand the same, as well as the personal property claim from Resolution: See formal Gri.GRIEVANCE COORDINATOR SIGNATURE: W.H. DATE: 11/13/24

FIRST LEVEL RESPONSE: _____

Not Accepted- Dec 308

GRIEVANCE UPHELD _____ GRIEVANCE DENIED _____ ISSUE NOT GRIEVABLE PER AR 740

WARDEN'S SIGNATURE: Q TITLE: _____ DATE: _____GRIEVANCE COORDINATOR SIGNATURE: Audrey Hartman DATE: 11/15/24INMATE AGREES: S.M. INMATE DISAGREES: _____INMATE SIGNATURE: S. Murray DATE: 11-22-24

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A SECOND LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original:	To inmate when complete, or attached to formal grievance
Canary:	To Grievance Coordinator
Pink:	Inmate's receipt when formal grievance filed
Gold:	Inmate's initial receipt

RECEIVED

NOV 13 2024

NNCC

DOC 3093 (12/01)



State of Nevada
Department of Corrections

INMATE GRIEVANCE REPORT

ISSUE ID# 20063168285

ISSUE LOC: NNCC

ISSUE DATE: 07/31/2024

INMATE NAME		NDOC ID	CURR LOC	TRANS TYPE	GR CODE	ASSIGNED TO
MURRAY, STEVEN		1037015	NNCC	RTRN_INF	PR	CKLEYMANN
LEVEL	TRANSACTION DATE	DAYS LEFT	FINDING	USER ID	STATUS	
IF	10/14/2024	4	Denied	ARZIMMERMAN	A	

INMATE COMPLAINT

OFFICIAL RESPONSE

Offender Murray, Steven #1037015,

I have reviewed your Informal grievance log number 2006-31-68285 as it relates to your claims of your property being taken and Officer misconduct.

After reviewing your grievance, reviewing policy, speaking with staff, as well as reviewing the circumstances that encompass this event, I have found that your claim does not have merit and is unfounded. As per AR 711.02.3.C. Establishment that property damage or loss occurred and establishment of authorized ownership of the property by the inmate is necessary. The burden of proof rests with the inmate to establish that the property was lost or devalued. The information you provided did not include the names of the Officers that you stated took your property or mistreated you. When reviewing information in NOTIS the information does show that you went out on transport that day and reflects that you were being disruptive with medical staff at the hospital and refusing to comply with orders given by custody staff. There is no record or glasses or dentures being interacted with by staff. When reviewing video footage from the timeframes available that were saved, I do not see any glasses on you. No evidence was found that would suggest Officer misconduct during this investigation. Due to the lack of evidence provided by you and lacking any other evidence found to support your claims I am not able to find any validity to your claims.

Grievance is denied. No monetary compensation is being provided.

Set Heyman
GRIEVANCE RESPONDER

Report Name: NVRIGR
Run Date: OCT-14-24 01:14 PM

Steve Murray 11-7-24

Page 1 of 1

57H

Log Number 20063168285

NEVADA DEPARTMENT OF CORRECTIONS
INFORMAL GRIEVANCENAME: Steve Murray I.D. NUMBER: 1037015
INSTITUTION: NNCC UNIT: 2B-7G

GRIEVANT'S STATEMENT: I submitted (Doc 3012) to the property Sgt on 7-15-24, You stated "I do not have it." Please see attached (Doc 3012). I broke kites trying to find my teeth and glasses with no luck. I then filed the Informal on 7-24-24. I'm still stating the claims -

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: Steve Murray DATE: 9-12-24 TIME: 6:00 pm
GRIEVANCE COORDINATOR SIGNATURE: D. Zimmerman DATE: 9-18-24 TIME: 3:10 pm

GRIEVANCE RESPONSE: _____

CASEWORKER SIGNATURE: _____ DATE: _____

 GRIEVANCE UPHELD GRIEVANCE DENIED ISSUE NOT GRIEVABLE PER AR 740GRIEVANCE COORDINATOR APPROVAL: M. Harms DATE: 10/14/2024 INMATE AGREES SM INMATE DISAGREESINMATE SIGNATURE: Steve Murray DATE: 11-7-24

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THIS CLAIM. A FIRST LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original: To inmate when complete, or attached to formal grievance
 Canary: To Grievance Coordinator
 Pink: Inmate's receipt when formal grievance filed
 Gold: Inmate's initial receipt

RECEIVED

SEP 18 2024

NNCC

DOC 3091 (12/01)

PG
9/17/24
Jm

58 H

Log Number 20063168285

NEVADA DEPARTMENT OF CORRECTIONS
INFORMAL GRIEVANCENAME: Steve MurrayI.D. NUMBER: 1037015INSTITUTION: NNCCUNIT: 2B-7G

GRIEVANT'S STATEMENT: I submitted (Doc 3012) to the property Sgt on 7-15-24. You stated "I do not have it." Please see attached (Doc 3012). I broke kites trying to find my teeth and glasses with no luck. I then filed the Informal on 7-24-24. I'm still stating the claims-

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: Steve Murray DATE: 9-12-24 TIME: 6:00 pmGRIEVANCE COORDINATOR SIGNATURE: A. Johnson DATE: 9-18-24 TIME: 3:00 pm

GRIEVANCE RESPONSE: _____

CASEWORKER SIGNATURE: _____ DATE: _____

 GRIEVANCE UPHELD GRIEVANCE DENIED ISSUE NOT GRIEVABLE PER AR 740GRIEVANCE COORDINATOR APPROVAL: A. Johnson DATE: 10/1/2024 INMATE AGREES INMATE DISAGREESINMATE SIGNATURE: Steve Murray DATE: 11-7-24

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A FIRST LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original:	To inmate when complete, or attached to formal grievance
Canary:	To Grievance Coordinator
Pink:	Inmate's receipt when formal grievance filed
Gold:	Inmate's initial receipt

NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: Steve Murray I.D. NUMBER: 1037015

INSTITUTION: NNCC UNIT #: 2B-7G

GRIEVANCE #: 200631b8285 GRIEVANCE LEVEL: Inf

GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 2

within the Informal dated 7-24-24.

Resolution: See the attached Inmate
Personal property claim form.

3M
Steve Murray 117 24

Original: Attached to Grievance
Pink: Inmate's Copy

60 H

Log Number 16285

**NEVADA DEPARTMENT OF CORRECTIONS
FIRST LEVEL GRIEVANCE**

NAME: Steve Murray I.D. NUMBER: 1037015
INSTITUTION: NNCC UNIT: 2B-7G

I REQUEST THE REVIEW OF THE GRIEVANCE, LOG NUMBER 2006-31-69275, IN A FORMAL MANNER. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW.

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: Steve Murray DATE: 8-14-24

WHY DISAGREE: I spoke with Sgt Day over this issue on 7-24-24. He said to do the informal first. Not only was it denied on my doc-3012 you stated you "do not have my glasses or teeth". So I feel this is my only avenue. On 6-21-24, prior to leaving the prison in medical transport officials were hostile and combative towards me saying to "quite faking you are -

GRIEVANCE COORDINATOR SIGNATURE: _____ DATE: _____ 20-30

FIRST LEVEL RESPONSE: On 3/9/2010

GRIEVANCE UPHELD **GRIEVANCE DENIED** **ISSUE NOT GRIEVABLE PER AR 740**

WARDEN'S SIGNATURE: _____ TITLE: _____ DATE: _____

GRIEVANCE COORDINATOR SIGNATURE: DATE: 10/10/2011

INMATE AGREES 500 INMATE DISAGREES 3

INMATE SIGNATURE: DATE: 10/10/10

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A SECOND LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original:	To inmate when complete, or attached to formal grievance
Canary:	To Grievance Coordinator
Pink:	Inmate's receipt when formal grievance filed
Gold:	Inmate's initial receipt

NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: Steve Murray I.D. NUMBER: 1037015

INSTITUTION: N. N. C. C. UNIT #: 2B-76

GRIEVANCE #: 2006-31-68285 GRIEVANCE LEVEL: 1ST

GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 3

alier", they stated I had no "problem walking" I was suffering from severe leg cramps among other issues. In medical please re-view all cameras you'll see I had my glasses and teeth (And No black eye) when we got to carson tahoe hospital I was draged out of the van and across the pavement approx 15 foot, And placed in a wheel chair were the verbal harassment continued. In the CT xray room I felt very nausea and thought I was going to through up. Transport removed my personal property for the X-RAY i.e.: glasses, neckless, I.d, And my teeth because I was felling like I was going to get sick. These item were placed in a bag and after the X-Ray I asked for my property back and was told it would be "returned to me when we get back to the prison". While being slammed back into the van my right side of my face hit the wall of the van. When we're turned to the prison medical Transport officer's laughed that I had urinated on my self. That was from me being so scared from my face being slammed into the van, and the threats. You'll see in-

Original: Attached to Grievance
 Pink: Inmate's Copy

NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: Steve Murray I.D. NUMBER: 1037015

INSTITUTION: N.N.C.C. UNIT #: 2B-7G

GRIEVANCE #: 2006-31-68285 GRIEVANCE LEVEL: 1 ST

GRIEVANT'S STATEMENT CONTINUATION: PG. 3 OF 3

the cameras I returned without my glasses, teeth and was brought to the 2nd floor psych ward office and was surrounded by atleast 6 C/O's And Lt where I was further harassed about how I got the swollen face and black eye (Right side) And why I peed my self. The Lt took pictures of me, which I want to attache these as (exhibit-1) These officers then threw me in a cell and refused to give me dry cloths, blanket or bed matt. Transport Co^s failed to Log my property per AR711, NRS 10.045, 10.065, 209.239. And failed to protect said property per AR711, NRS 10.045, 10.065, 209.239.

Remedy Sought

I adhere strickly to the remedy as requested in my informal grievance, As well as its attached property claim form.

Original: Attached to Grievance
Pink: Inmate's Copy



Nevada Department of Corrections

Improper Grievance Memo

TO: Murray, Steven #1037015 UNIT: 2B-7G

FROM: AWP Hartman, NNCC

DATE: July 31, 2024

RE: Improper Grievance # 2006-31-68285 REJ: 1

The attached grievance is being returned to you for the following reason(s):

REJECTED - After correcting the deficiency(s) listed below, you may re-submit your grievance at the same level unless specified. Failure to re-submit the grievance through the prescribed timeframe shall constitute abandonment.

Missing Documents:

Please resubmit to include any of the following documents that apply to the issue. i.e. Property Transfer Sheets, Canteen Receipts, Unauthorized Property Form, Inmate Property Claim Forms and Proof of continuous ownership receipts, Store Order Form, Inmate Bank Statement, applicable Administrative Claim Form or Property Claim Form and any other relevant documentation in support of the claim must be included.

Not a kite: Submit an Inmate Request Form (DOC 3012) to consult with the PROPERTY SGT. for assistance Not signed or dated

<input type="checkbox"/> Missing inmate personal property claim form	<input type="checkbox"/> Disciplinary appeal process/directly to warden
<input type="checkbox"/> Missing administrative claim form	<input type="checkbox"/> Untimely submission
<input type="checkbox"/> Continuation forms	<input type="checkbox"/> Staff misconduct (IG Review Submitted)
<input type="checkbox"/> Other, specify:	

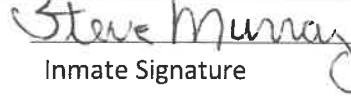
Resubmission to include all previously submitted grievance documents, including Improper Grievance Memo(s) DOC 3098. Please review AR 740, available in the Law Library.

NOT ACCEPTED - If not accepted due to any of the reasons in this box, the grievance may NOT proceed to the next level Per AR 740.03,5 and 740.04,G.

- Non-grievable issues:
- Untimely submission
- Inmate elected NOT to sign and date any grievance form
- Grievance was granted
- Abuse of Inmate Grievance Procedure


Witness Signature

8/12/24
Date


Inmate Signature

8-12-24
Date

Log Number 70631-68285NEVADA DEPARTMENT OF CORRECTIONS
INFORMAL GRIEVANCENAME: Steve MurrayI.D. NUMBER: 1037015INSTITUTION: NNCCUNIT: 2B-7G

GRIEVANT'S STATEMENT: On or about 6-21-24 while I was at Carson-Iahoe Hospital they had to do a C/T SCAN and I felt real sick and thought I was going to throw up. The C/O's (Transport) took possession of my personal property. Glasses, Dentures, necklace, phone book, ID, -

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: Steve MurrayDATE: 7-24-24 TIME: 8:00 AMGRIEVANCE COORDINATOR SIGNATURE: A. Zimmerman DATE: 7/31/24 TIME: 11:41 AMGRIEVANCE RESPONSE: Doc 3098- RequestedCASEWORKER SIGNATURE: SMDATE: 8/12/24 GRIEVANCE UPHELD GRIEVANCE DENIED ISSUE NOT GRIEVABLE PER AR 740GRIEVANCE COORDINATOR APPROVAL: AKHDATE: 8/1/2024 INMATE AGREES SM INMATE DISAGREESINMATE SIGNATURE: Steve MurrayDATE: 8-12-24

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A FIRST LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original: To inmate when complete, or attached to formal grievance
 Canary: To Grievance Coordinator
 Pink: Inmate's receipt when formal grievance filed
 Gold: Inmate's initial receipt

RECEIVED

JUL 31 2024

NNCC

110
1.26.2024

65H

Log Number 2024-31-16825NEVADA DEPARTMENT OF CORRECTIONS
INFORMAL GRIEVANCENAME: Steve MurrayI.D. NUMBER: 1037015INSTITUTION: NNCCUNIT: 2B-7G

GRIEVANT'S STATEMENT: On or about 6-21-24 while I was at Carson-Tahoe Hospital they had to do a C/T SCAN and I felt real sick and thought I was going to throw up. The 1st (Transport) took possession of my personal property. Glasses, Dentures, necklace, phone book, ID, -

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: Steve Murray DATE: 7-24-24 TIME: 8:00 AMGRIEVANCE COORDINATOR SIGNATURE: Administrator DATE: 7-24-24 TIME: 10:41 AMGRIEVANCE RESPONSE: Doc 3098-10010CASEWORKER SIGNATURE: SM DATE: 8/12/24GRIEVANCE UPHELD GRIEVANCE DENIED ISSUE NOT GRIEVABLE PER AR 740GRIEVANCE COORDINATOR APPROVAL: SM DATE: 8/1/24INMATE AGREES SM INMATE DISAGREES INMATE SIGNATURE: Steve Murray DATE: 8-12-24

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A FIRST LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

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 Gold: Inmate's initial receipt

NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: Steve Murray I.D. NUMBER: 1037015

INSTITUTION: NNCC UNIT #: 2B-7G

GRIEVANCE #: _____ GRIEVANCE LEVEL: Informal

GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 2

After the test I asked for my personal property back and was told "I'd get it back when we get back to the prison". My property was never given back to me. I was housed in the RMF for Approx 8 days. I asked several times where my property was. I've wrote kites to medical, Property Sgt and his response was like all the others " I do not have your property".

Remedy

Please help me to locate my personal property. And/or help me replace it. (See Att Admin Claim Form. (1,960.00))

Thank You.

~~REMEDY~~

Original: Attached to Grievance
 Pink: Inmate's Copy

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Steve Murray	1037015	2B-7G	7-15-24

4.) REQUEST FORM TO: (CHECK BOX)	MENTAL HEALTH	CANTEEN
<input type="checkbox"/> CASEWORKER	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> LAW LIBRARY
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> SHIFT COMMAND
<input type="checkbox"/> LAUNDRY	<input checked="" type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: Property Sgt.

6.) REQUEST: (PRINT BELOW) Can you please help me find my property that was taken from me at Carson-Tahoe Hospital ground 6-21-24, While at the ER they had to do a CT Scan and the Transportation C/o had placed my glasses, dentures, my address book, TD and comb, Necklace in a Bio Bag. Please I have been asking for help to receive my property And no one has been able to locate it. Can you please tell me if you have this?

Thank You

7.) INMATE SIGNATURE Steve Murray DOC # 1037015

8.) RECEIVING STAFF SIGNATURE ✓ DATE

9.) RESPONSE TO INMATE

I do not have it

10.) RESPONDING STAFF SIGNATURE SJK DATE 7/17/24

**NEVADA DEPARTMENT OF CORRECTIONS
INMATE PERSONAL PROPERTY CLAIM FORM**

Inmate Personal Property Claims MUST follow the procedures contained in NRS 41.031, NRS 41.0322, NRS 209.243, and NDOC AR 740

**DO NOT SEND DIRECTLY TO ATTORNEY GENERAL'S OFFICE,
BOARD OF EXAMINERS, OR ASSISTANT DIRECTOR OF SUPPORT
SERVICES**

NOTICE: Claim MUST be submitted in accordance with AR 740, Inmate Grievance Procedure.

The following information is necessary to fairly evaluate your claim. Please provide complete information. If you need more space, attach a separate sheet of paper. You may submit additional evidence if available. Such additional evidence will be returned.

The Department will NOT assume liability for a loss simply because personal property has been lost or damaged. The loss or damage MUST have been the result of some breach of duty by a DOC employee and NOT as a result of negligence or other fault of the inmate claimant, or other inmates; you MUST substantiate that employees were negligent or otherwise failed to observe Department regulations.

CLAIM IN THE AMOUNT OF \$ 1,960.00 is hereby made against the STATE OF NEVADA, based upon the following facts:

1. NAME OF CLAIMANT (Please print full name)	2. I.D. #	3. INSTITUTION
<u>Steve Murray</u>	<u>1037015</u>	<u>N.N.C.C.</u>
4. AMOUNT OF CLAIM	5. DATE AND DAY OF OCCURRENCE	6. TIME (a.m. or p.m.)
<u>1,960.00</u>	<u>On or about 6-21-24</u>	<u>8:00 pm</u>
7. PLACE OF OCCURRENCE		
<u>Carson Tahoe Hospital</u>		

NO MISSING DOCUMENT

/ / / /

8. Describe here, in complete detail, exactly how your claim loss or damage occurred and why you believe the institution is responsible or liable:

As detailed in grievance, NVCC Transport C/OS failed to log my property per AR 711. NVCC Transport C/OS failed to protect my property against damage, loss, misplacement or theft per AR 711 and NRS: 10.045, 10.065, 209.239.

9. List each item claimed to be lost or damaged, give complete description of each item, the value of each item, and date entered on property card.

ITEM AND COMPLETE DESCRIPTION	VALUE	DATE ENTERED ON PROPERTY CARD
Personal eye glasses	160.00	Not sure?
Dentures	1,800.00	" "

10. Witnesses. Be sure to include any staff member who may have been involved in, or has any knowledge of, your alleged loss; also, list any inmate who has actual knowledge of facts pertinent to your claim:

Dr Voss, Transport C/OS,
Inmate: Skyler Fowler, Donald ESTES, Brian Hobbs
my own affidavit

11. State whether or not this loss is covered by insurance, either fully or part. If so, give details, including name and address of insurance carrier and any payment made for loss, etc., BE SPECIFIC:

No insurance.

12. In order to prove ownership and amounts claimed, you must provide the following information about the personal property involved in this claim. Number the items you listed under paragraph 5; then provide the following information about each item, by number, in the spaces provided below:

ITEM	WHEN AND HOW DID YOU ACQUIRE THE PROPERTY?
Dentures	prior to coming to prison
Eye Glasses	Eye glasses were prior to prison

13. You must attach copies of sales slips, repair bills, property transfer slips, or other evidence of ownership. Please retain the originals in your possession to be used as evidence in the processing of this claim; however, you must list those items below, continuing to refer to them by the same item numbers you have used in paragraph 5 and 8 of this claim:

ITEM	LIST DOCUMENTARY EVIDENCE OF OWNERSHIP, LOSS, ETC.
Dentures	See Affidavits
Eye glasses	" "

14. Exactly when, where and how did you learn of the loss and/or damage, which has resulted in your filing this claim?

When they were not returned to me from returning from the hospital.

15. Other pertinent information:

I had these dentures relined by dental at SOCC as more proff they did exits.

STATE OF Nevada)
COUNTY OF Carson) SS

I, Steve Murray, do hereby swear under penalty of perjury that I am the claimant named above, that I have read the foregoing claim and know the contents thereof, that the same is true of my own knowledge, except those matters stated upon information and belief, and as to those matters, I believe them to be true, and that THIS IS MY ENTIRE CLAIM AGAINST THE STATE OF NEVADA/DEPARTMENT OF CORRECTIONS.

I FULLY UNDERSTAND THAT I WILL HAVE TO SIGN A GENERAL RELEASE OF ALL CLAIMS IN THE PRESENCE OF A NOTARY PUBLIC FOR THE EXACT AMOUNT I AM CLAIMING BEFORE ANY PAYMENT WILL BE OFFERED TO ME. THIS GENERAL RELEASE WILL BECOME EFFECTIVE ONLY UPON ACTUAL PAYMENT OF THE CLAIM BY THE STATE OF NEVADA.

DATED this 24 day of July, 2001

Steve Murray
Signature of Claimant

NOTICE

NEVADA REVISED STATUTE 197.160 provides that every person who knowingly presents a false or fraudulent claim is guilty of a gross misdemeanor, and is subject to criminal penalties of imprisonment of up to one year, and a fine of up to \$2,000.00.

Under Penalty of Perjury Statement

"I declare (certify, verify, or state) under penalty of perjury that the foregoing is true and correct in accordance with NRS 208.165 and 28 USCA § 1746.

Executed on 8-14-2024.
(Date)

Steve Murphy
(Signature)

That I had my dentures and glasses prior to going to Carson Tahoe Hospital. Transport Co. took said property and was not returned.

✓

73H

AFFIDAVIT OF Skyler Fowler

STATE OF NEVADA)
) ss:
COUNTY OF CLARK)

TO WHOM IT MAY CONCERN:

I, Skyler Fowler, the undersigned, do hereby swear that all the following statements and description of events, are true and correct, of my own knowledge, information, and belief, and to those I believe to be true and correct. Signed under penalty of perjury pursuant to NRS 208.165.

9 (1) THAT I was in Unit 10-B with Steve Murray and
10 he had his glasses and teeth. When I saw him in
11 Unit 2 he no longer has his teeth or glasses.

13 Further, Affiant Sayeth Naught.

14 Executed at: NWCC. This 14 day of Aug 2024
15 In front of: Steven K. Williams, P.D. #15000

In front of! Steve Murray By: Skyler Fowler

DOC# 1172934

~~22000 m~~

✓

74 H

1 AFFIDAVIT OF Donald A. ESTES

2 STATE OF NEVADA)
3) ss:
4 COUNTY OF CLARK)

5 TO WHOM IT MAY CONCERN:

6 I, Donald A. ESTES, the undersigned, do hereby swear that all the
7 following statements and description of events, are true and correct, of my own
8 knowledge, information, and belief, and to those I believe to be true and
9 correct. Signed under penalty of perjury pursuant to NRS 208.165.

10 (1) THAT I have known Steve Murray since 1-2024 as
11 we were in Unit 1 together. He always wore his glasses
12 and his teeth. After he returned from being housed
13 in medical I seen him in Unit 2 and he no longer
14 has his teeth nor his glasses,

15 Further Affiant Sayeth Naught.

16 Executed At: N.N.C.C. this 14 day of August 2024
17 In front of Steve Murray BY: Wall to Estes
18 NDOC # 0280913

21
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24
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26
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28

✓

1 AFFIDAVIT OF Brian R Hobbs

2 STATE OF NEVADA)
3) SS:
4 COUNTY OF CLARK)

5 TO WHOM IT MAY CONCERN:

6 I, Brian R Hobbs, the undersigned, do hereby swear that all the
7 following statements and description of events, are true and correct, of my own
8 knowledge, information, and belief, and to those I believe to be true and
9 correct. Signed under penalty of perjury pursuant to NRS 208.165.

10 (1) THAT I was in Unit 10B with Steven Murray and he had
11 his glasses and teeth. When I seen him in Unit 2 he just
12 returned from being housed in medical. He returned with-
13 out his teeth and glasses.

14 Further, Affiant Sayeth Naught.

15 Executed at: NVCC This 14 day of August 2024.

16 In front of: Steven Murray By: lance

17 NDOC #192922

EXHIBIT



EXHIBIT

Medical director for state prisons not licensed here

Dana Gentry

NEVADA CURRENT

The medical director of the Nevada Department of Corrections, Kenneth Williams, has no medical license in Nevada, the state's Board of Medical Examiners confirmed Friday. The board's investigator did not respond to requests for comment.

"Dr. Williams is currently licensed in Tennessee," NDOC assistant director William Quenga said Friday in an interview. "He is currently ongoing to get his medical license and he's working with the Nevada State Board of Medical Examiners."

Doctors licensed in other states can be endorsed by that state as a means of expediting licensure in Nevada. However, they cannot practice in Nevada in the interim.

"This position requires licensure by the Nevada State Board of Medical Examiners as a physician or administrative physician," says the state's job solicitation for the position.

Under Nevada law, practicing medicine without a license is a category D felony.

"I don't believe he's practicing medicine," Assistant Director William



Guard towers rise above High Desert State Prison in Indian Springs.

JOHN LOCHER/AP FILE

Quenga said Friday, adding that NDOC Director James Dzurenda, who appointed Williams to his position in August 2023, is aware Williams has no license and is "talking with the Nevada medical board."

Nevada Revised Statute 630 says doctors who work in an administrative capacity are required to have an administrative license, which Williams does not have, according to the Board of Medical Examiners. They "may not engage in the practice of clinical medicine."

See DIRECTOR, Page 2A.

People were asking why certain candidates didn't appear on the presidential preference ballot, how can I vote or can I vote twice, and just what precinct do I live in? We referred a lot of those to the party. But it was significant in terms of interruption to our workflow.

difficult the job is.

"No one wants to complain, the workload is significant."

"Some have expressed their patriotism, fidelity, and dedication to officials and their staff. That

Director

Continued from Page 1A

The State of Nevada's job solicitation for the position says the "Medical Director is the clinical health authority for the Nevada Department of Corrections (NDOC), responsible for clinical and medical determinations within the department."

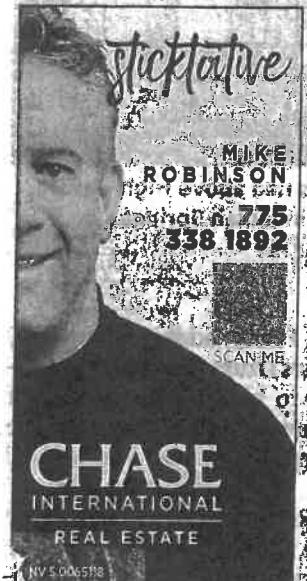
The position pays up to \$217,000 a year, the job solicitation says.

Additionally, the Northern Nevada Correctional Center in Carson City has a hospice. NRS

449.196 says "No person, state or local government or agency may represent that it provides 'hospice care' unless the program of care, either directly or indirectly, has a medical director whose responsibilities are appropriate to the needs of the program and who is a physician, currently licensed to practice."

Health providers who work for NDOC, including those who inquired with the Board of Medical Examiners about Williams' status, say he is practicing medicine.

"I think not having a license invalidates a lot of



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Customer Service
Executive Editor

decisions he makes and there are concerns among providers because of that. I know he has participated in utilization reviews, and is making critical decisions that affect individual patient care," said a provider who asked not to be named for fear of retaliation. "Some doctors are not agreeing with some decisions, but it's what they're being told to do, so they're writing the order and they're writing 'per the medical director.'"

Another provider says Williams denied a request for sunscreen from an inmate who has skin cancer, noting it could be pur-

chased from the commissary.

"The guy won't have any money. He won't be able to buy it, and he'll file a grievance. After a process he'll ultimately file a lawsuit and we will lose that lawsuit," the provider said. "Thousands of dollars will be paid out over sunscreen."

As medical director of the Tennessee Department of Corrections, Williams was sued when he refused to provide anti-viral medication to inmates diagnosed with Hepatitis C. The case made its way to the U.S. Supreme Court, which

found in Williams' favor, upholding a lower court's ruling that he did not act with "deliberate indifference" but rather, in an effort to use the finite resources at his disposal where they could be used for the maximum benefit.

Earlier this month, an inmate at High Desert State Prison near Indian Springs filed a lawsuit against Williams and the NDOC, alleging Williams and the medical staff have promised but failed to provide care for painful bullet wounds.

Quenga of NDOC said he was unaware of the lawsuit.

80 T

EXHIBIT J

EXHIBIT

Steven Murray #1037015

Nevada inmates denied medical care, says memo from warden

Terminated doctors allege retaliation by prison medical director

BY: [DANA GENTRY](#) - NOVEMBER 20, 2024 5:00 AM

Photo: Michael Lyle/Nevada Current)

Inmates in Nevada prisons are being denied necessary medical care and medications, according to providers and a memo provided to the Current.

“It has come to our attention that there have been instances of medical care being neglected for inmates in our care,” Warden Jeremy Bean of High Desert State Prison wrote in an August [memo](#) to all prison medical providers. “This is a serious violation of their rights under the 8th Amendment, which prohibits cruel and unusual punishment, including the denial of necessary medical care.”

Bean went on to say failing to provide “necessary medications or services not only violates the 8th Amendment but also goes against your obligations as licensed healthcare professionals.” The failure to provide care not only puts the health of offenders at risk, the memo reads, “but also jeopardizes your professional integrity and may result in disciplinary action.”

Gov. Joe Lombardo declined to comment on the memo or say whether he has taken any action as a result. His spokeswoman referred the Current to an emailed statement from NDOC, which says the department “is committed to providing the best care to our population and will continue to strive to meet the needs of our population.”



Nevada Department of Corrections Medical

Director Dr. Kenneth Williams. Williams is pictured here in a screengrab from a 2020 Tennessee Department of Corrections video.

The failure to provide care is worsening, providers contend, under the leadership of Dr. Kenneth Williams, the Nevada Department of Corrections' medical director. In February, the Current reported Williams was hired and permitted to work without a medical license, a minimum requirement for the job.

In March, the state Board of Medical Examiners said it had no jurisdiction over Williams, given his unlicensed status, and asked Attorney General Aaron Ford to investigate.

However, without explanation, in July the Board licensed Williams, who worked almost an entire year without a license, a class D felony. It's the first time the medical board has approved a doctor who practiced without a license.

Williams did not respond to calls to his office and personal phone.

Doctors allege retaliation

Williams has terminated two practitioners in the last several weeks — a dentist who says he declined to abide by Williams' directive to practice on patients without a dental assistant, and a doctor who questioned why Williams was not following his own policy of having an outside provider serve on the Utilization Review Board, a panel that evaluates appropriate care for inmates.

Both practitioners assisted Ford's investigation of Williams' hiring, given his lack of credentials, and suggest their terminations may have been retaliatory.

Ford's office will not say whether the investigation of Williams has been completed.

In a complaint to the state's Human Resources department alleging a whistleblower violation under [state law](#), which prohibits an official from retaliating against an employee who reports wrongdoing, the dentist alleges Williams "abused his official authority and influence by intimidating, threatening me, coercing others to join him to take retaliatory action by terminating my employment..."

* "There's already a shortage of providers and now Williams is making it more difficult for the inmates to have any quality of care," said a nurse from Northern Nevada Correctional Center who asked not to be identified out of concern for retaliation.

NDOC and Lombardo declined to address the termination of the two practitioners.

The state is [seeking](#) applicants for 35 medical positions with NDOC.

Williams is refusing to treat inmates for a variety of ailments and provide basic care, according to medical professionals – some who work for the state and others who were recently fired.

"He will invariably say no to treatment, and he cites money as the reason for saying no," says a doctor who was fired last week after questioning Williams' practices. "These patients are doing without simple things, like Tylenol for pain. He's making medical decisions that are not in the best interest of patients, who can't speak for themselves."

The physician, who asked not to be identified in order to protect her professional reputation, says patients who require blood thinners are prescribed Coumadin, which costs less than the alternative brand, Eliquis. Coumadin, unlike Eliquis, requires continuous blood monitoring, which inmates do not receive.

The doctor, who has also filed a complaint with the state, says she doesn't want money.

"I just want my job back. It's so sad. I swear those prisoners really need help and no one seems to care," she said. "I can't get them in to see the dentist for months. I can't get them to see the specialist for in some cases, greater than a year."

* Another provider noted inmates suffering from cancer are prohibited by Williams from receiving protein drinks such as Boost, unless they have a body mass index of 17% or less, which is considered seriously underweight.

Williams, who previously served in the same capacity for the Tennessee Department of Corrections, was sued there for refusing hepatitis treatment to all but the most infirm inmates because of cost. The U.S. Supreme Court ruled in his favor.

Lifelong implications from temporary sentence

Nevada houses some 10,000 inmates, the vast majority of whom will ultimately be released. But medical professionals say the lack of care they receive while incarcerated can result in a life sentence of navigating health complications.

“Lacking quality standards, robust monitoring, and funding from public medical insurance programs, correctional administrators must provide health care for incarcerated people with limited guidance and often scarce resources,” says a [paper](#) published last year in the New England Journal of Medicine. “Incarcerated people have little recourse for woefully inadequate medical care except litigation, but they face multiple barriers to accessing the legal system and counsel, and rare wins yield only incremental relief.”

A brief review of federal court filings indicates a variety of lawsuits alleging failure to provide medical care have been filed against NDOC and the state this year.

In one case, an NNCC wheelchair-bound inmate alleges he’s been waiting five years for cataract surgery and suggests his increasing blindness impedes his ability to navigate.

Another inmate confined to a wheelchair alleges he’s been denied accessible exercise opportunities.

A number of inmates allege NDOC has failed to provide mental health medication, and one contends guards ignored his emergency calls for asthma medicine.

Another inmate alleges “deliberate indifference and negligence” by the state, which he says is charging him for specialist treatment for aplastic anemia, and has denied the proper dose of hormones prescribed by a specialist.

“The State has a moral and legal obligation to provide health care for those people whom it incarcerates. The Federal Courts have mandated that offenders, though incarcerated, remain entitled to basic medical care,” [reads](#) a state website.

Deliberate indifference to an inmate's serious medical needs constitutes cruel and unusual punishment under the Eighth Amendment. However, standards for "deliberate indifference" and "serious medical need" are subject to a court's interpretation.

Williams is also ignoring a medical directive that requires the state to include an outside doctor on its Utilization Review Committee (URC), a panel of practitioners who meet to decide what treatment is appropriate for inmates. The panel "shall be composed of a minimum of four members," and "at least one (1) outside medical provider," the policy reads.

"The committee has been functioning for well over a year without an outside provider," says a doctor who says she was terminated days after asking Williams why the committee was not in compliance with the policy Williams approved.

"It puts doctors in silos," the physician said in an interview. "I had no communication with the other doctors as to their patient care."

The doctor says Williams routinely ignores the recommendations of outside medical specialists.

"I've had specialists contact me and say, 'Look, I don't want to see your patients, because I'm now liable. I've given you guys recommendations and you're not following them.'"

Quenga of NDOC said the policy governing the review committee has been updated, replacing the outside provider with an internal practitioner.

"These changes should improve the efficiency and function of the URC," he wrote via email. "The current process more closely resembles a utilization review committee as they exist in the community. Lastly, this restructuring unencumbers the time of the providers and allows them to return to clinic to attend to the needs of the offender population."

EXHIBIT

K

"Medical Neglect"

7 pages

EXHIBIT

K

Lawsuits for “Medical Neglect” in Nevada Jails & Prisons

Nevada prisoners have an [Eighth Amendment](#) right to adequate medical care, dental care, and mental health care. **Inmates suffering from healthcare neglect or [medical malpractice](#)** may be eligible to bring a [Section 1983 lawsuit](#) against their jail or prison for violating their civil rights.

Inadequate health care for inmates qualifies as “cruel and unusual” punishment.

1. Inmate Healthcare

The Eighth Amendment of the U.S. Constitution obligates jails and prisons to provide adequate health care.¹ This comprises regular medical and dental care as well as mental health care (when necessary).²

Note that inmates are entitled to adequate care no matter whether the providers are government employees or private practitioners under contract with the government.³

Nevada City and County Jail Policies

NRS 211 delegates the administration of jail inmates’ health care to county sheriffs. Jails are required to provide treatment to inmates for:

- injuries incurred during arrest or while in custody;
- treatment for infectious, contagious, or communicable diseases; and
- examinations as required by law or by court order.

Inmates must pay for their own treatment if their injuries occurred:

- while they committed a public offense,
- while they were arrested (if convicted),
- if they self-inflicted their injuries, or
- if their injuries or illnesses were preexisting before being in custody.⁴

The CCDC has faced allegations of inadequate health care.

CCDC Policies

The biggest jail in Clark County is the [Clark County Detention Center](#) (CCDC) in downtown, Las Vegas. The CCDC contracts with [NaphCare, Inc.](#) to provide medical and mental health services at both the CCDC's main facility and its North Valley Complex (NVC).

NaphCare is paid to provide:

- medical and medication management,
- mental health care, and
- drug detoxification treatment.

It also coordinates women's health care, emergency and radiological services, dialysis, and other services.

NaphCare is required to complete a thorough health assessment of any inmate who is in custody for 10 days. They must supply inmates who are discharged with a reasonable amount of medication and information on community resources to continue their health care.

Nevada State Prison Policies

NRS 209 delegates the administration of prison inmates' health care to [Nevada's Department of Corrections Medical Division](#). The Division's Medical Director and Medical Administrator manage the department's:

- medical services,
- dental services,
- clinical mental health services, and
- pharmacy services.

The Medical Division also has a Nursing department and Central Pharmacy. Nevada's larger prisons have medical clinics, dental clinics, and infirmaries. Two prisons have on-site acute care infirmaries.

Primary care is provided in the prisons. Outside surgeons, cardiologists, and gastroenterologists periodically go to the prisons to provide care there. When off-site care is necessary, inmates are taken to community hospitals.

On average, the prisons' healthcare staff have 600 patient care contacts each day.⁶

2. Injuries

Medical care is especially vital in jail and prison since statistics indicate that inmates have higher-than-average rates of illness as compared to the general population.⁷ However, Nevada's jail and prison healthcare is woefully inadequate:

- In 2015, Nevada spent less than \$3,500 on healthcare per inmate, which pales next to the \$5,720 per inmate average.
- Of the 43 states surveyed in a recent Pew research study, Nevada ranks the fourth-lowest in healthcare staffing, with only 24.5 full-time staff for every thousand inmates. (Inadequate medical staffing is most pressing in rural areas.)⁸
- Nevada prison inmates pay a copay of \$8 for healthcare, making Nevada second only to Texas as the most expensive state for inmates.⁹

A recent audit of the CCDC shows that its medical provider NaphCare often failed to provide medications to inmates being discharged and did not provide sufficient mental health treatment.¹⁰

Jail and prison inmates may file grievances about inadequate medical care. However, many inmates face retaliation by prison workers as well as doctors for filing grievances to begin with. So many inmates suffer without seeking medical care for fear of being:

- assaulted,
- sequestered, or
- denied food.¹¹

3. Suing for Medical Neglect

Nevada inmates who have suffered medical neglect can bring a Section 1983 lawsuit claiming they were denied their Eighth Amendment constitutional right to adequate medical care. In order to prove medical neglect, the inmate (“plaintiff”) would need to show the following:

1. The inmate has a serious medical need,
2. The prison/jail acted with deliberate indifference to the inmate’s medical need.¹²

The plaintiff has the burden to prove these elements by a “preponderance of the evidence.” This is the legal way of saying that it is *more likely than not* that the jail/prison committed medical neglect.¹³

Serious Medical Need

A medical condition qualifies as a “serious medical” when the failure to treat the condition can cause the inmate further significant injury or the unnecessary or wanton infliction of pain. A condition does not have to be life-threatening to be a serious medical need: Substantial pain, injury, or function loss is sufficient.¹⁴

Examples of serious medical needs may include:

- broken bones
- torn ligaments
- infection disease
- cancer
- deep cuts
- chronic disease
- chronic pain
- an infected tooth that needs extraction
- suicide attempts

Note that mild injuries or discomfort do not rise to the level of a serious medical need.

Plaintiffs' attorneys often rely on expert medical witnesses to testify as to the seriousness of the plaintiff's medical needs.

Deliberate Indifference to the Inmate's Serious Medical Need

Once the detention facility becomes aware that an inmate may have a serious medical need, it is obligated to investigate the matter further and provide treatment if necessary. A jail/prison acts with "deliberate indifference" when it is aware of the inmate's medical situation and recklessly disregards the substantial risk of harm that the inmate faces.¹⁵

Examples of deliberate indifference to an inmate's serious healthcare needs may include:

- delaying or denying access to health care
- denying access to a specialist when necessary
- failing to follow doctors' orders, such as administering medicine
- failing to fully examine the inmate and review the healthcare records in order to formulate the most appropriate treatment
- the jail/prison deciding on treatment by considering only non-medical factors, such as money or convenience¹⁶

Note that defendant(s) cannot be held liable for medical neglect merely for being negligent.

The plaintiff has to show that the defendant(s) acted recklessly, which is a higher standard than negligence.¹⁷

4. Who can I sue?

Depending on the facts of the case, inmates may sue some or all of the following parties for health care neglect:

- The jail/prison
- The individual guards or other detention officials who showed deliberate indifference to the inmate's condition
- The medical staff showed deliberate indifference to the inmate's condition

- The medical group that employed the doctors who showed deliberate indifference to the inmate's condition

5. Remedies

Plaintiffs who suffered healthcare neglect while in jail or prison may try to recover compensatory damages to pay for their:

- doctors' bills (that are not covered by the jail or prison),
- pain and suffering,
- lost wages (if applicable), and/or
- loss of future earnings (if applicable).

If the court finds the actions of the jail or prison officers to be particularly egregious, the court may order punitive damages. The court may also order that the defendants pay the plaintiff's attorneys' fees.

Finally, the court can order the jail or prison to provide the necessary medical treatments the inmate requires.¹⁸

6. Defenses

Defendants in a 1983 lawsuit for healthcare neglect may try to advance the following arguments to avoid liability:

- The plaintiff did not have a serious healthcare need;
- The defendant(s) did not know – and reasonably could not have known – that the plaintiff had a serious medical need;
- The defendant(s) did not demonstrate deliberate indifference; and/or
- The medical treatment – or lack of treatment – that the plaintiff received falls within acceptable professional standards of care

Defendants may try to argue that they have "qualified immunity" that protects them from liability from Section 1983 claims. Though if the plaintiff can show that the defendant did not act in good faith, then any immunity privileges should not apply.¹⁹

7. Statute of Limitations

Inmates usually have a [statute of limitations](#) of two (2) years following the injury to bring a Section 1983 lawsuit in Nevada. If they wait after two years to file, the lawsuit can be dismissed for being stale.²⁰

EXHIBIT

2nd Level Grievance 10 pages

EXHIBIT

Exh (E) Kitchen Carbon Monoxide

LOG NUMBER: 20063167626NEVADA DEPARTMENT OF CORRECTIONS
SECOND LEVEL GRIEVANCENAME: Steve Murray I.D. NUMBER: 1037015INSTITUTION: N.N.C. UNIT: 4C-20I REQUEST THE REVIEW OF THE GRIEVANCE, LOG NUMBER 20063167626, ON THE SECOND LEVEL. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW.

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: Steve Murray DATE: 11-10-21WHY DISAGREE: Contrary to your response, I have several Culinary workers that got Carbon Monoxide poison on or about the same time as I. And their going thru the same grievance process as I. And willing to give me prott from thier Affidavits, Also they still have -

GRIEVANCE COORDINATOR SIGNATURE: _____ DATE: _____

SECOND LEVEL RESPONSE: _____

____ GRIEVANCE UPHELD ____ GRIEVANCE DENIED ____ ISSUE NOT GRIEVABLE PER AR 740

SIGNATURE: _____ TITLE: _____ DATE: _____

GRIEVANCE COORDINATOR SIGNATURE: _____ DATE: _____

INMATE SIGNATURE: _____ DATE: _____

THIS ENDS THE FORMAL GRIEVANCE PROCESS

Original:	To inmate when complete, or attached to formal grievance
Canary:	To Grievance Coordinator
Pink:	Inmate's receipt when formal grievance filed
Gold:	Inmate's initial receipt

NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: Steve Murray I.D. NUMBER: 1037015

INSTITUTION: NNCC UNIT #: 4C-20

GRIEVANCE #: 20063167626 GRIEVANCE LEVEL: 2nd

GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 2

their jobs in the culinary. And as Sgt. Herzog stated in his response "I was suspended from the culinary due to write ups," which was disposed on 7-8-24, yet I haven't went back to work?

Remedy Sought

My claim still stands the same, See the Informal grievance and attached Admin - claim form. Will consider my job back and a small property settlement and not go any further after this 2nd level.

Original: Attached to Grievance
Pink: Inmate's Copy

Log Number 20063167626NEVADA DEPARTMENT OF CORRECTIONS
FIRST LEVEL GRIEVANCENAME: Steve Murray I.D. NUMBER: 1037015
INSTITUTION: NNCC UNIT: 2B-7GI REQUEST THE REVIEW OF THE GRIEVANCE, LOG NUMBER 20063167626, IN A FORMAL MANNER. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW.

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: Steve Murray DATE: 9-12-24WHY DISAGREE: Contrary to your response. Upon Information and my belief the carbon monoxide issue still an on going problem. And the disciplinary process is And was Disposed of on 7-8-24. My claim still stands as the same see Informal Grievance. And attached Admin claim.

GRIEVANCE COORDINATOR SIGNATURE: _____ DATE: _____

FIRST LEVEL RESPONSE: _____

GRIEVANCE UPHELD _____ GRIEVANCE DENIED _____ ISSUE NOT GRIEVABLE PER AR 740

WARDEN'S SIGNATURE: _____ TITLE: _____ DATE: _____

GRIEVANCE COORDINATOR SIGNATURE: _____ DATE: _____

INMATE AGREES _____ INMATE DISAGREES _____

INMATE SIGNATURE: _____ DATE: _____

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A SECOND LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original: To inmate when complete, or attached to formal grievance
Canary: To Grievance Coordinator
Pink: Inmate's receipt when formal grievance filed
Gold: Inmate's initial receipt

Log Number

20063167626

**NEVADA DEPARTMENT OF CORRECTIONS
INFORMAL GRIEVANCE**

NAME: Steve Murray I.D. NUMBER: 1037015INSTITUTION: NNCC UNIT: 2E-7G

GRIEVANT'S STATEMENT: On or about 6-20-24, I was working in the culinary when I got very dizzy and grabbed a garbage can and thru-up. I was approached by Tom the culinary manager and he stated "You can't be in here sick, I need you to leave". Later I learned I d-

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: Steve Murray DATE: 7-13-21 TIME: 5:00pm

GRIEVANCE COORDINATOR SIGNATURE: _____ DATE: _____ TIME: _____

GRIEVANCE RESPONSE: _____

CASEWORKER SIGNATURE: _____ DATE: _____

 GRIEVANCE UPHELD GRIEVANCE DENIED ISSUE NOT GRIEVABLE PER AR 740GRIEVANCE COORDINATOR APPROVAL: _____ DATE: _____

_____ INMATE AGREES INMATE DISAGREES

INMATE SIGNATURE: _____ DATE: _____

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A FIRST LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original:	To inmate when complete, or attached to formal grievance
Canary:	To Grievance Coordinator
Pink:	Inmate's receipt when formal grievance filed
Gold:	Inmate's initial receipt

NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: Steve Murray I.D. NUMBER: 1037015

INSTITUTION: NNCC UNIT #: 2B-7G

GRIEVANCE #: _____ GRIEVANCE LEVEL: INF.

GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 3

been exposed to carbon monoxide. And this has been going on well before I started working there on 4-12-24. Furthermore, I believe I was fired out of retaliation for filing Grievances and Kites.

5-10-24 Nausea

5-22-24 Nausea

5-29-24 Nausea

6-4-24 Very Sick Nausea

6-7-24 Emg Grievance

6-19-24 Grievance

At no time did NDOC staff warn me of the "Dangerously high levels of Carbon Monoxide" in the culinary. NDoc staff had a duty to ensure a safe environment for their culinarys workers, And the maintenance of conditions that failed such an environment amounted to-

Original: Attached to Grievance

Pink: Inmate's Copy

NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: Steve Murray I.D. NUMBER: 1057015

INSTITUTION: NNCC UNIT #: 2B-7G

GRIEVANCE #: _____ GRIEVANCE LEVEL: INF.

GRIEVANT'S STATEMENT CONTINUATION: PG. 3 OF 3

a constitution violation, as well as the ADA Laws for firing me. The NNCC culinary has had a long standing history of neglect with there maintenance of culinary equipment. It functions largely on gas burning appliances that are unsafe outpouring of deadly toxins, such as carbon monoxide.

Remedy Sought

That the culinary install and/or fixed these issues so no one else gets hurt. And additional Remedy of 350,000 to be placed on my account.

Original: Attached to Grievance
Pink: Inmate's Copy

LOG NUMBER: 20063168784NEVADA DEPARTMENT OF CORRECTIONS
SECOND LEVEL GRIEVANCENAME: Steve Murray I.D. NUMBER: 1037015INSTITUTION: NNCC UNIT: 2B-7GI REQUEST THE REVIEW OF THE GRIEVANCE, LOG NUMBER 20063168784, ON THE SECOND LEVEL. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW.

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: Steve Murray DATE: 9-12-24WHY DISAGREE: Contrary to your response, I still have not seen the provider at Carson Tahoe Health over my Neurological Disorders. My claim still stands the same see (Informal Grievance). Resolution see the attached Administrative Claim form.

GRIEVANCE COORDINATOR SIGNATURE: _____ DATE: _____

SECOND LEVEL RESPONSE: _____

_____ GRIEVANCE UPHELD GRIEVANCE DENIED ISSUE NOT GRIEVABLE PER AR 740

SIGNATURE: _____ TITLE: _____ DATE: _____

GRIEVANCE COORDINATOR SIGNATURE: _____ DATE: _____

INMATE SIGNATURE: _____ DATE: _____

THIS ENDS THE FORMAL GRIEVANCE PROCESS

Original:	To inmate when complete, or attached to formal grievance
Canary:	To Grievance Coordinator
Pink:	Inmate's receipt when formal grievance filed
Gold:	Inmate's initial receipt

Claim of Medical
Failure To Treat

Log Number _____

**NEVADA DEPARTMENT OF CORRECTIONS
INFORMAL GRIEVANCE**

NAME: Steve Murray I.D. NUMBER: 1037015

INSTITUTION: N.W.C.C. UNIT: QB-76

GRIEVANT'S STATEMENT: On or about 6-18-24, I was employed in the culinary and was exposed to high levels of Carbon Monoxide to the point I started throwing up and almost passed out. I was told to leave when I got to the unit I tried to man-down and was told "It does not constitute an emergency."

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: Steve Murray DATE: 8-7-24 TIME: 1:30 pm

GRIEVANCE COORDINATOR SIGNATURE: DATE: _____ TIME: _____

GRIEVANCE RESPONSE: _____

CASEWORKER SIGNATURE: _____ DATE: _____

 GRIEVANCE UPHELD GRIEVANCE DENIED ISSUE NOT GRIEVABLE PER AR 740

GRIEVANCE COORDINATOR APPROVAL: _____ DATE: _____

_____ INMATE AGREES _____ INMATE DISAGREES

INMATE SIGNATURE: _____ DATE: _____

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A FIRST LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original: To inmate when complete, or attached to formal grievance
Canary: To Grievance Coordinator
Pink: Inmate's receipt when formal grievance filed
Gold: Inmate's initial receipt

103 L

**NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM**

NAME: Steve Murray I.D. NUMBER: 1037015

INSTITUTION: N.N.C.C UNIT #: 2B-7G

GRIEVANCE #: _____ GRIEVANCE LEVEL: Inf.

GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 3

I have filed an Emg grievance which was also "Denied". The previous attempts to mandown was refused by NDOC staff without consideration of the clear and present life threatening condition. The R.M.F. %'s and medical staff conduct reflects a culture of deliberate indifference to a clear serious medical need preventing access to medical assistance. R.M.F. negligent actions caused me emotional distress and severe pain.

Medical knew of the issues with the Carbon Monoxide poisoning going on for months in the culinary. Due to all the inmates that have fall ill of carbon Monoxide poisoning, I've been denied medical treatment for my Neurological disorders. Furthermore, Medical staff knew of my extremely elevated platelets from my cancer made me more susceptible to CO poisoning working in that environment and never warned me of the dangers.

I have no plain, adequate, or complete remedy of law—

Original: Attached to Grievance
Pink: Inmate's Copy

NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: Steve Murray I.D. NUMBER: 1037015

INSTITUTION: N.N.C.C. UNIT #: 2B-76

GRIEVANCE #: _____ GRIEVANCE LEVEL: Inf.

GRIEVANT'S STATEMENT CONTINUATION: PG. 3 OF 3

to redress the wrongs described herein, I have been and will continue to be irreparably injured by the conduct of the medical staff and CO's involved.

Remedy Sought

No further Retaliation. Allow me to be seen at Carson Tahoe Health as I was referred to by the provider, for my Neurological disorders. Exhaust the claim quickly so I can file a civil rights action required for me to protect my self from further Retaliation and deliberate Indifference. I will seek a minimum of \$125,000.00 for this Failure to Treat and Deliberate Indifference.

Administrative Claim form Attached.

Original: Attached to Grievance
Pink: Inmate's Copy

EXHIBIT M

Carbon Monoxide Poison
pages 7

EXHIBIT M

OSHA Fact Sheet

Carbon Monoxide Poisoning

Carbon monoxide (CO) is a poisonous, colorless, odorless and tasteless gas. Although it has no detectable odor, CO is often mixed with other gases that do have an odor. So, you can inhale carbon monoxide right along with gases that you can smell and not even know that CO is present.

CO is a common industrial hazard resulting from the incomplete burning of material containing carbon such as natural gas, gasoline, kerosene, oil, propane, coal, or wood. Forges, blast furnaces and coke ovens produce CO, but one of the most common sources of exposure in the workplace is the internal combustion engine.

How does CO harm you?

Carbon monoxide is harmful when breathed because it displaces oxygen in the blood and deprives the heart, brain and other vital organs of oxygen. Large amounts of CO can overcome you in minutes without warning — causing you to lose consciousness and suffocate.

Besides tightness across the chest, initial symptoms of CO poisoning may include headache, fatigue, dizziness, drowsiness, or nausea. Sudden chest pain may occur in people with angina. During prolonged or high exposures, symptoms may worsen and include vomiting, confusion and collapse in addition to loss of consciousness and muscle weakness. Symptoms can vary widely from person to person. CO poisoning may occur sooner in those most susceptible: young children, the elderly, people with lung or heart disease, people at high altitudes, or those who already have elevated CO blood levels, such as smokers. Also, CO poisoning poses a special risk to fetuses.

CO poisoning can be reversed if caught in time. But even if you recover, acute poisoning may result in permanent damage to the parts of your body that require a lot of oxygen such as the heart and brain. Significant reproductive risk is also linked to CO.

CANCER

Who is at risk?

You may be exposed to harmful levels of CO in boiler rooms, warehouses, petroleum refineries, pulp and paper production, and steel production; around docks, blast furnaces, or coke ovens; or in one of the following occupations:

- Welder
- Garage mechanic
- Firefighter
- Carbon-black maker
- Organic chemical synthesizer
- Metal oxide reducer
- Longshore worker
- Diesel engine operator
- Forklift operator
- Marine terminal worker
- Toll booth or tunnel attendant
- Customs inspector
- Police officer
- Taxi driver

What can you do if you suspect that someone has been poisoned with CO?

When you suspect CO poisoning, promptly taking the following actions can save lives:

- Move the victim immediately to fresh air in an open area.
- Call 911 or another local emergency number for medical attention or assistance.
- Administer 100 percent oxygen using a tight-fitting mask if the victim is breathing.

- File a complaint asking OSHA to inspect their workplace if they believe there is a serious hazard or that their employer is not following OSHA's rules. OSHA will keep all identities confidential.
- Exercise their rights under the law without retaliation, including reporting an injury or raising health and safety concerns with their employer or OSHA. If a worker has been retaliated against for using their rights, they must file a complaint with OSHA as soon as possible, but no later than 30 days.

For additional information, see OSHA's Workers page (www.osha.gov/workers).

How to Contact OSHA

Under the Occupational Safety and Health Act of 1970, employers are responsible for providing safe and healthful workplaces for their employees. OSHA's role is to help ensure these conditions for America's working men and women by setting and enforcing standards, and providing training, education and assistance. For more information, visit www.osha.gov or call OSHA at 1-800-321-OSHA (6742), TTY 1-877-889-5627.

This is one in a series of informational fact sheets highlighting OSHA programs, policies or standards. It does not impose any new compliance requirements. For a comprehensive list of compliance requirements of OSHA standards or regulations, refer to Title 29 of the Code of Federal Regulations. This information will be made available to sensory-impaired individuals upon request. The voice phone is (202) 693-1999; teletypewriter (TTY) number: (877) 889-5627.



U.S. Department of Labor



**Occupational
Safety and Health
Administration**

DSG FS-3522 04/2012

108 m

Prevention Guidelines: You Can Prevent Carbon Monoxide Exposure

- **DO** have your heating system, water heater and any other gas, oil, or coal burning appliances serviced by a qualified technician every year.
- **DO** install a battery-operated CO detector in your home and check or replace the battery when you change the time on your clocks each spring and fall. If the detector sounds leave your home immediately and call 911.
- **DO** seek prompt medical attention if you suspect CO poisoning and are feeling dizzy, light-headed, or nauseous.
- **DON'T** use a generator, charcoal grill, camp stove, or other gasoline or charcoal-burning device inside your home, basement, or garage or near a window.
- **DON'T** run a car or truck inside a garage attached to your house, even if you leave the door open.
- **DON'T** burn anything in a stove or fireplace that isn't vented.
- **DON'T** heat your house with a gas oven.
- **DON'T** use a generator, pressure washer, or any gasoline-powered engine less than 20 feet from any window, door, or vent. Use an extension cord that is **more than 20 feet long** to keep the generator at a safe distance.

Carbon monoxide (CO) poisoning (Patient Education - Disease and Procedure)

Patient Education

Carbon monoxide (CO) poisoning

Printed on 2024-04-10

You must carefully read the "Consumer Information Use and Disclaimer" below in order to understand and correctly use this information

The Basics

Written by the doctors and editors at UpToDate

What is carbon monoxide? — Carbon monoxide ("CO") is a kind of gas. You can't see, smell, taste, or feel it. When fuels such as gasoline, natural gas, wood, or charcoal burn, they make CO. Exhaust fumes from cars and trucks, stoves, gas ranges, generators, and heating systems have CO in them.

What is CO poisoning? — CO poisoning happens if you breathe too much CO. It causes nausea and headaches, and can make you pass out. It can even kill you.

How do people get CO poisoning? — People can get CO poisoning if they breathe high levels of CO inside a closed space where fresh air can't get in. Common sources of CO poisoning include:

- Smoke from a fire
- A gas or oil furnace that is not working correctly
- Kerosene heaters, charcoal grills, camping stoves, and gas-powered electric generators
- Cars or other vehicles that are left running inside, indoor skating rinks, warehouses, and parking garages

What are the symptoms of CO poisoning? — The symptoms of CO poisoning can seem like the flu but without the fever. They include:

- Headache
- Confusion or dizziness
- Feeling very tired
- Feeling sick to your stomach (nausea)

If you or someone you are with gets these symptoms and might have been around CO, move to a place with fresh air right away and **call for an ambulance** (in the US and Canada, **call 9-1-1**).

Breathing very high amounts of CO can cause:

- Passing out or losing consciousness
- Brain problems – These can include headaches, trouble concentrating or thinking, memory issues, personality changes, and abnormal movements. These problems usually happen within 20 days of CO poisoning, and can last for a year or even longer.
- Seizures – These are waves of abnormal electrical activity in the brain that can make you move or behave strangely, or pass out.
- Death

Does carbon monoxide poisoning have long-term effects?

Personality changes may occur,⁶ and case studies have described prominent depression, anxiety, and irritability several years after accidental CO poisoning. Residual cognitive deficits, executive dysfunction, and impairments in memory and concentration may all contribute to deterioration in mood.

What are the long term effects of carbon monoxide poisoning?

Survivors of severe, acute CO poisoning can develop long-term neurologic sequelae (e.g., impairments in memory, concentration, and speech, as well as depression and parkinsonism). These sequelae may arise immediately after CO poisoning or may be delayed (occurring 2–21 days after CO poisoning).

[Complications of Carbon Monoxide Poisoning: A Case ... - NCBI](#)

Do you fully recover from carbon monoxide poisoning?

For those who survive, recovery is slow. How well a person does depends on the amount and length of exposure to the carbon monoxide. Permanent brain damage may occur. If the person still has impaired mental ability after 2 weeks, the chance of a complete recovery is worse.

[Carbon Monoxide Poisoning - Symptoms and Causes](#)

Do you fully recover from carbon monoxide poisoning?

For those who survive, recovery is slow. How well a person does depends on the amount and length of exposure to the carbon monoxide. Permanent brain damage may occur. If the person still has impaired mental ability after 2 weeks, the chance of a complete recovery is worse.

What are the long-term side effects of carbon monoxide?

People with long-term exposure to low levels of carbon monoxide also can have numbness, unexplained vision problems, sleep disturbances, and impaired memory and concentration. Mar 22, 2023

111 M

- Had a stroke or brain injury

What are the symptoms of TME? — Symptoms can include:

- Confusion or trouble thinking, paying attention, or understanding what is going on
- Memory problems
- Feeling sleepy or drowsy
- Acting jumpy or overreacting to small noises
- Feeling irritable
- Not being able to sleep, or sleeping during the day and being awake at night
- Hallucinations – This is seeing or hearing things that are not really there.

All of these symptoms together are sometimes referred to as "delirium." Delirium can be "hypoactive," which is when the person is sleepy and has trouble staying awake. Or it can be "hyperactive," which is when the person seems jumpy or irritable.

If the TME gets worse, other symptoms might include:

- Seizures
- Abnormal movement, like twitching or "jumping" of the arms and legs
- Coma

Is there a test for TME? — If a doctor thinks that someone has TME, they will ask about the person's symptoms and do an exam. For the exam, they will test the person's thinking, concentration, and memory. For example, they might have the person do simple number and word tests.

They will also do tests to look for the cause of their TME. These tests usually include:

- Blood tests
- Urine tests
- Chest X-ray

Some people might also need additional tests, such as:

- "Lumbar puncture," also known as a spinal tap – During this procedure, a doctor puts a thin needle in the lower back and removes a small amount of spinal fluid. This is the fluid that surrounds the brain and spinal cord. They will do lab tests on the sample.
- CT or MRI scan of the brain – These are imaging tests that create pictures of the brain.
- EEG – This test measures electrical activity in the brain and records brain wave patterns (figure 1).

How is TME treated? — TME is treated in the hospital. The most important part of treatment is finding out what is causing the TME and treating that problem.

If the doctor is not sure what is causing TME, they might start treatment by:

- Stopping medicines that could be causing the TME
- Giving thiamine, which is a form of vitamin B

112 M

BLOOD TEST

What is the gold standard test for carbon monoxide poisoning?

In principle, the diagnosis of CO poisoning is based on clinical symptoms and suspected or confirmed exposure (25). For the purposes of verification, carboxyhemoglobin (COHb) should be measured in a blood gas analysis (BGA) (20).

A carboxyhemoglobin test;

The blood is tested in a machine called a multiple wavelength spectrophotometer. This allows your doctor to measure your carboxyhemoglobin level and determine if you have too much carbon monoxide in your blood.

The normal range for carbon monoxide in the blood is:

Under 1% for non-smokers in areas with low pollution

Under 5% for people who live in urban areas or other areas with high pollution

Under 10% for smokers

Carbon monoxide poisoning is generally diagnosed at a carboxyhemoglobin level of over 10%. Severe poisoning occurs at levels over 20%.

A carbon monoxide blood test, also known as a carboxyhemoglobin test, measures the amount of hemoglobin in your blood that has bonded with carbon monoxide. This test can help diagnose carbon monoxide poisoning, which can be deadly.

The results are reported as a percentage. They show the amount of carbon monoxide bound to hemoglobin divided by the total amount of hemoglobin (multiplied by 100). This is called the carboxyhemoglobin level.

Results are usually available right away.

Normal

Each lab has a different range for what's normal. Your lab report should show the range that your lab uses for each test. The normal range is just a guide. Your doctor will also look at your results based on your age, health, and other factors. A value that isn't in the normal range may still be normal for you.

113 M

EXHIBIT

N

3 affidarit's, Steve Murray, Justin
Johnson and Brian Hobbs.
16 pages. All 3 got sick from the
Carbon Monoxide in the Culinary.

EXHIBIT

N

AFFIDAVIT OF Steve Murray #1037015

2 STATE OF NEVADA)
3 COUNTY OF CLARK) SS:

TO WHOM IT MAY CONCERN:

I, Steve Murray, the undersigned, do hereby swear that all the following statements and description of events, are true and correct, of my own knowledge, information, and belief, and to those I believe to be true and correct. Signed under penalty of perjury pursuant to NRS 208.165.

9 (1) THAT I AM over the age of 18 and are otherwise fully
10 Competent to testify to the facts contained in this
11 declaration. Statement that is contained in this decla-
12 ration except where other otherwise indicated to be
13 upon Information and belief, are based on my
14 personal knowledge and experience. Pursuant Federal
15 Rules of Evidence.

17 (2) That in connection with the filing of declaration, I am
18 aware of Inmate Justin Johnson #1036228
19 who also worked prior to I as a NVCC Culinary worker.

21 (3) After I got hired in the culinary Inmate: Justin
22 Johnson # 1036220 and I, both of us got sick
23 of carbonmonoxide poison and bluntly told we're
24 laid off and/or fired. Culinary Manager Tom, and Warden
25 Hendley are in contempt to protect themselves from
26 liability.

28 (4) That I am named either Plaintiff or Witness —

1146N

1 in a 1983 complaint at this moment. Also I may be
2 considered to testify on plaintiffs behafe of the
3 carbon monoxide poisoning that is an on going issue
4 at NNCC culinary Dept to date.

5
6 (5) THAT, I have experienced numerous symptoms
7 of what I now know is carbon monoxide poisoning
8 and I have experienced them since I began working
9 in culinary on 4-12-24.

10
11 (6) That, since I started working at NNCC Culinary
12 There was no ventilation.

13
14 (7) That, I have experienced numerous symptoms:
15 A) put in a request to see medical nausea. 5-10-24
16 B) put in a request to see Doctor stomach Ach Nausen 5-15-24
17 C) Seen in medical ordered Nausen Meds 5-29-24
18 D) Sent kite to medical "very sick Nausen" 6-4-24
19 E) filed Emergency Grievance complained of Carbon
20 monoxide poisoning. 6-19-24

21 F) On or about 6-21-24, I got very dizzy to the
22 point I Thought I was going to pass out. I had to
23 grab a garbage can and I Thru-up. I was told by
24 the kitchen manager TOM "You cant be working in here
25 and getting sick."

26
27 (8) That, as of 7-11-24 there are no Working Vent -
28

1 hoods, Nor any Working carbon Monoxide detectors.
 2

3 Verification Under Penalty of Perjury =
 4

5 I Steve Murray do verify under Penalty of perjury
 6 That the above declarations are true and correct, and
 7 Are made without the benefit of a Notary Pursuant
 8 to 28 U.S.C. § 1746 and U.S.C. § 1621, as I am Incarcerated
 9 person.

10

11

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15

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17

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23

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25

26

27

28

Dated 7-11-24

BY: Steve Murray

Steve Murray

(Prisoner # 103705)

A List of possible witnesses, and possible victims of
 This incident : Self Steve Murray, I/m Justin Johnson,

WARDEN Henley

I/m - Josh Kelly

Asst kelli Murphy

I/m Luz Reyes Marquez

Asst Jessica Brendel

I/m Brinn Hobbs

Maintenance head Habey

I/m Sergio Morales

Josh Camper F SM

I/m Larry Tillcock

Tom Wyatt F SM

I/m Richard Navarro

MONA Sommers FS

I/m DeAngelo Mitchell

Armando Wayne FS

I/m Willie Jefferson

Kenneth Yannikos FS

I/m Donald Hearock

C/o Velez, Ward

I/m James Lowe

I/m Timothy Talamante

I/m Alvin Hatch

I/m Steven Ramirez

I/m Eric Buhl

Declaration of Justin JohnsonPursuant to 28 U.S.C. § 1746 I Declare as follows:

1. My name is Justin Johnson, I am over 18 years old, I am competent to make this Declaration, and to testify to all things herein.
2. I am currently incarcerated at Northern Nevada Correctional Center, (N.N.C.C.), within the Nevada Dept. Of Corrections, and that all times relevant hereto I was housed within Northern Nevada Correctional Center.
3. The culinary here at Northern Nevada Correctional Center has had a long standing history of neglect with their maintenance of culinary equipment. It functions largely on gas burning appliances. This makes the upkeep of its equipment all the more important. Specifically for prevention of unsafe outpouring of deadly toxins, such as carbon monoxide. As stated in the complaint in this case, prison officials here at the prison have abridged their duties to provide a safe working environment for its culinary workers, which rise to a constitutional violation under the 8th amendment's prohibition of cruel and unusual punishment.
4. On 2/12/2024 Steven Ramirez was the first person to report that he was having issues. He had symptoms as follows; headache, and dizziness. Also Larry Tillcock, and Tino Garcia, upon finishing their shifts stated that they were also having symptoms of being dizzy, and having headaches, along with nausea.
5. On 2/12/2024 I (Justin Johnson) had to call for a "Man Down", and was taken to Carson Tahoe Medical Center, after working in the N.N.C.C. Culinary from 10:30am, to 2:30am. My first thought was that the symptoms I was having may have been coming from my ongoing heart issues.
6. On 2/13/2024, symptoms were felt by numerous other inmates, (Richard Navarro, and Josh Kelly among those), and free staff as well, (including Mona Summers, Josh Camper, and Correctional Officer Velez). Josh Kelly had to be helped to the back dock area, as he was too dizzy to function correctly. (HE probably should have called for a "man-down", but free staff Mona Summers did witness this issue)
7. On 2/14/2024 At no time prior to the events that took place on February 14, 2024, (carbon monoxide outbreak), were any CO detectors in the prisons culinary area. Josh Camper took the initiative on his own, to bring in a carbon monoxide detector, to test the environment, as there are no carbon monoxide, and/or fire detectors in the culinary. At or around 10:30 am the carbon monoxide detector started going off, with a loud alarm and stating to evacuate the building. (The building was not evacuated at this time!). Then maintenance was notified, then the Warden, and others, I am not sure who else, but then the Warden, ASO, Lt., and Sgt, all came to the culinary, then the warden called medical, to have all inmates, and staff checked out. Some inmates, myself being one of them, after having my vitals taken was ordered by medical staff to get some fresh air. After getting fresh air my vitals were checked again, and I was sent back to work. (about 45 minutes) C/O Velez handed back the inmates who worked that morning their I.D. cards, and sent us to medical, per Wardens orders. When I got to medical, I find that

they have told everyone that has worked in the culinary in the last 2 days to report to RMF, (medical), while waiting they asked all that was in the waiting room," who actually worked today, and who actually had symptoms. (These were the first to be seen by medical staff. I was one of them.) When getting in there, nobody was actually "treated" for anything. They took our vital signs, and asked about symptoms. (I WAS TOLD THAT MY HEART Rate was elevated, and that my blood pressure was high, but I do not recall the numbers). Then I was advised by Dr. Voss that we needed to get blood test. While waiting we were approached by Dr. Voss, and he stated to us that if we continued to go through this, and get the blood test, that we would be forced to remain in RMF, for at least the next 2-4 hours. Given the tone for which the doctor delivered his advice, I took this as a low key threat. And another inmate, Richard Navarro, felt the same way, and asked the doctor about the manner that he threatened us in, and was yelled at for asking the question, and after more words between them Dr. Voss left the waiting room. The correctional officers that were working in the RMF at this time, (c/o Hawk, and C/O Brendell) came in and asked who was yelling at the doctor, inmate Navarro stated that he "was not yelling at the doctor, that he simply asked about what he felt as a threat by Dr. Voss", I myself backed up inmate Navarro's position in this matter to c/o Hawk, and c/o Brendell. Some inmates stayed for the blood test, and some left. Those who stayed were (myself) Justin Johnson, Richard Navarro, Mike O'Farrel, Luis Reyes-Marquez, Brian Hobbs, and Sergio Morales. After our blood test were taken, we were told to go back and wait in the waiting room (8c), after waiting some time we were taken to the back (8a), and told that we were to ~~wait in~~ ^{work in} dayroom for 8a, as it was now time for evening pill call. After waiting probably 20-30 minutes we were told that they were going to hold us overnight and we did not have the option to refuse at this time. They stated that we would be held for "observation", and we were paired up, and sent to separate rooms, where we would stay for the night. That was the last that we would see any medical staff. There was no "observation" as the only people that we saw for the rest of the night, and into the morning was the unit correctional officer, doing his counts, until the next morning, when Dr. Velegas came in to see us to release us. A nurse came in and took our vitals. I asked Dr. Velegas what our blood test results were, he stated that it would be a few days till the results would be in, and if there was anything that would need further treatment we would be called back. (Today is the 25th of February 2024 and have yet to be called back to medical to be seen for this).

8. After I returned to work on 2/15/2024, after being released from medical I was informed that all the "staff" were then taken, by state vehicle, to the Concentric Clinic in Carson City, NV for blood test, and to be evaluated.
9. I was also informed on the following Sunday, 2/18/2024, that medical staff had told NNCC custody staff (on 2/14/2024, while the inmates were getting our vitals taken), that they were to remove all inmates, and staff from the building, and this was not done.
10. Furthermore, as i spoke with the maintenance staff, there are also no working exhaust fans in the NNCC culinary cooks area, at this time.
11. Also further speaking to maintenance staff, it was stated that in the cooks area, with all appliances running, at 8:00am on 2/18/2024, with all floor fans running, and roll up doors at both ends of the culinary open, the reading was running at 54-55ppm.

12. On 2/25/2024 the carbon monoxide detectors went off in the staff office, when the staff door opened, which alerted Correctional Officer Ward, and Free Staff Mona Sommers. At 1:50pm free staff Mona Sommers, and c/o Ward used a hand held carbon monoxide detector near the center of the kitchen, and advised the inmates to shut down the cooking kettles, and turn on the floor fans. At 1:59pm officer Ward and free staff Mona Sommers evacuated the whole culinary, and opened up all doors to air it out, because the PPM levels in the culinary was at or above 140ppm at 2:19pm. Carbon monoxide was checked, and we were sent back to work.
13. During this whole time I believe that proper health protocol was not followed, as it would have been if we were anywhere else, other than incarcerated in prison. We were not immediately evacuated from the building, and the first thing that proper health workers would do in a case of possible carbon monoxide poisoning should be to administer pure oxygen to all that were exposed, inmates, and staff, in fact i did not see any oxygen even being offered, at the time of the incident.
14. Also, at this time there is no telling how long there was carbon monoxide leaking into the culinary air, and how long reaching the affects of this is.
15. 0-1ppm= normal background levels

9ppm= maximum allowable short term exposure

50ppm= maximum allowable continuous exposure level in any 8 hour period, according to osha

200ppm= mild headache, fatigue, nausea and dizziness

400ppm= frontal headache, fatigue, nausea and dizziness, life threatening after 2-3 hours

16. A list of possible witnesses, and possible victims, of this incident,

Warden Henley

ASO Kelli murphy, and her assistant, Jessica Brendel

Responding Sgt., name unknown

Maint. Head Hobey

Josh camper FSM

Tom Wyatt FSM

Mona Sommers FS

Armondo Wayne fs

Kenneth Yannikos FS

Correctional officer Velez

Correctional officer Ward

I/m Timothy Talamante

I/m Steven Ramirez

I/m Josh Kelly

I/m Luiz Reyes-Marquez

I/m Brian Hobbs

I/m Sergio Morales

I/m Larry Tillcock

I/m Tino Garcia

I/m Richard Navarro

I/m DeAngelo Mitchell

I/m Willie Jefferson

I/m Donald Heacock

I/m James Lowe

I/m Alvin Hatch

I/m Eric Buhl

I/m Justin Johnson (Self)

17. This is an account of what I (Justin Johnson #1036220) did witness, and was a part of. There very well could have and probably were more accounts of this situation.
18. On 2/28/2024 NNCC's maintenance installed carbon monoxide detectors in the morning.
19. 2:16pm on 2/28/2024 carbon monoxide detectors went off starting off the detector read 130PPM outside doors were opened fans were turned on to allow the culinary to air out. The PPM went up to 214PPM then gradually went down as the culinary aired out.
20. From 2/28/2024 through 3/18/2024 every day the carbon monoxide detectors go off, and staff move floor fans to air out the CO in the kitchen due to ventilation hoods still not working.
21. 3/25/2024, I/M Timothy Talamante is the maintenance in the culinary, and has come forward, and is writing an affidavit concerning his side of the negligence in the kitchen.
22. Sent a letter of request for public records to the Carson City Fire Department, concerning the event of 2/14/2024

23. Vent hoods were fixed but maintenance failed to put make up air into the kitchen causing some problems.
24. On 3/29/2024, inmates refused to work in bakery after alarms went off, saying to evacuate, due to carbon monoxide levels of 200PPM. After airing out the bakery, and air retested inmates went back to work.
25. On 3/29/2024, took down all CO detectors in the kitchen.
26. Ventilation hoods in the culinary broke.
27. On 5/14/2024, around 5:14am the ventilation hoods in the kitchen went down altogether, due to electrical issues.
28. On 5/16/2024 at or around 11:00am Free Staff Kenny Yannikos told me if I need a witness that he would.
29. On 5/16/2024, I showed up to work at 10:30am to work my shift in the kitchen, as I am a diet cook. In the midst of my work it became hard for me to breath. I witnessed Free Staff, (FS) Kenny Yannikos taking readings with a portable carbon monoxide detector. The readings at the time were exceeding 100PPM. I personally saw a reading of 116PPM, as Free Staff Kenny Yannikos was walking with the detector at 11:05am.
30. Around 11:10am, Free Staff Yannikos went and cleared the CO detector, and came back into the kitchen. By the time he made it back to the warehouse I saw on the portable CO detector a reading of 149PPM. I went back to the diet cooking area to continue my work. I started to feel light headed, deprived of air, I also felt my heart thumping very intensely at or around 12:02pm. At this time Mr. Yannikos walked by again with the CO detector, and it read 136PPM. I continued to work even though I was not feeling well after overwhelming feelings of dizziness, and shortness of breath. I got a cramp in my left shoulder, and started to have severe chest pains.
31. Around 12:15pm I walked into the staff's office, and told the culinary Officer C/O "Doc" that I needed to "man-down". At that time he reported the situation, and several minutes' later NNCC Medical staff arrived at the scene. Nurse Christy started to assess my vitals it was purported that my blood pressure was 200/139, nurse Christy insisted that an ambulance be summoned to escort me to a hospital for administration of oxygen, and the performance of an EKG. Once I got into a room at Carson Tahoe Medical Center, I advised their medical staff that I needed to be tested for carbon monoxide poisoning. The nurses asked if I had been exposed to CO, and I told them that "I suspect so", especially since the prison culinary had been struggling with a carbon monoxide issue. At my job at NNCC in the kitchen, they took blood from me as well. The doctor told me that my EKG came back with a result that showed that my heart was not getting enough oxygen. For a person like myself, that was born with a heart defect, and has a mechanical heart valve that is very dangerous, and it will, and has damaged my heart valve. She advised me that I am going to need to get in with my cardiologist. A little while later the doctor came back in and told me that I indeed have carbon monoxide poisoning, and she called the prison medical to advise them of this issue. I had been on oxygen this whole time. She advised me that my levels were 57, and that her orders were that I do not work in the kitchen while they are allowing inmates to work in such a toxic environment. I was later released from the hospital, and was transferred back to

NNCC. The officer that witnessed this whole incident at the hospital is Correctional Officer Rushing. He was the assigned to me while at the hospital.

32. Once back at NNCC I was taken to NNCC's Regional Medical Facility, (RMF). My vitals were taken, and I was ordered by an NNCC doctor to be placed in 24 hour observation.

33. On 5/17/2024 in the morning I was released by the doctor to go back to my housing unit. On the way out I asked the officer if I could speak to the Nurse Christy. She advised me that I was going to be provided a medical "Lay-in" (DOC 2531), order, which would require that I be indefinitely barred from WORK IN THE CULINARY. THE REASON FOR THE "Lay-in" was on account of the Carson Tahoe Hospital Doctor's official determination that the culinary's environment was unsafe for someone with my heart condition, given its concentrated levels of carbon monoxide.

34. 5/22/2024 Two inmates Joseph Grace, and Daysean Jenkins, both work in the kitchen here at N.N.C.C. on this day after returning from their work assignment, both "man-downed" complaining of chest pain, dizziness, and confusion. They were both taken to the R.M.F. here at N.N.C.C., then both inmates were sent to Carson Tahoe Medical Center. When they returned they were diagnosed with CO poisoning, inmate Joseph Grace had a level of 7.2, and inmate Daysean Jenkins had a level of 5.8. both inmates received Medical Lay-ins (DOC 2531), for 7 days.

VERIFICATION UNDER PENALTY OF PERJURY

I JUSTIN JOHNSON DO VERIFY UNDER PENALTY OF PERJURY THAT THE ABOVE DECLARATIONS ARE TRUE AND CORRECT, AND ARE MADE WITHOUT THE BENEFIT OF A NOTARY PURSUANT TO 28 U.S.C. §1746 AND 18 U.S.C. §1621, AS I AM AN INCARCERATED PERSON.

DATED: 5-30-24

BY 
JUSTIN JOHNSON

(PRISONER #1036220)

UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA

Plaintiff, : Case No.:
vs. : DECLARATION/AFFIDAVIT FOR CIVIL
Defendant : ACTION SUIT

I, Brian Hobb S #1092922, HEREBY DECLARE:

I am currently incarcerated at Northern Nevada correction center (N.N.C.C.). The Nevada Department of Corrections and the all Times relevant here to I was housed within NNCC. The culinary hear at NNCC has had a long standing history of neglect in their maintenance of culinary equipment. It Functions largely on gas burning appliances. This makes the upkeep of its equipment all the more important. Specifically for prevention of unsafe outgassing of deadly toxins, such as carbon monoxide. As stated in the complaint in this case, prison officials here at the prison have abridged their duties to provide a safe working environment for its culinary workers. Which rise to a constitutional violation.

~~X~~
124 N

1 under The 8th Amendment's
 2 prohibition of cruel and unusual
 3 punishment.

4 On February 12, 2024 Steven Ramirez
 5 was the first person to report that he
 6 was having issues, he had symptoms as
 7 follows; headache, dizziness. Also Larry
 8 Tilcock, and Tino Garcia, upon finishing
 9 their shifts stated they were also having
 10 symptoms of being dizzy and having headaches,
 11 along with nausea. On February 12, 2024
 12 I witnessed inmate Justin Johnson
 13 do a man down where he left to the
 14 hospital. On February 13, 2024 symptoms
 15 were felt by numerous other inmates, I
 16 Brian Hobbs, and Richard Navarro, Josh Kelly
 17 among these, and Free staff as well, and
 18 correctional officer Velez. Josh Kelly had
 19 to be helped to the back dock area, as he was
 20 too dizzy to function correctly, but Free staff
 21 Mena Summers did witness this issue.

22 On February 14, 2024 at no time prior to the
 23 events that took place on February did they
 24 have carbon monoxide detectors in the
 25 culinary. We've Josh Camper took the initiative
 26 on his own to bring in a carbon monoxide
 27 detector to test the environment, as there are no
 28 detectors in the culinary. Around 10:30AM



1 The carbon monoxide detector started
 2 going off with a loud alarm, and
 3 starting to evacuate the building. This
 4 was not done. The maintenance was
 5 notified, then the warden, and others.
 6 But then the warden, Assistant warden,
 7 LT's, Sgt's all came to the culinary, then the
 8 warden called medical to have all
 9 staff and inmates checked out. Some
 10 inmates, myself being one, after having my
 11 vitals taken was ordered by medical staff to
 12 get fresh air, after getting fresh air my
 13 vitals were checked again, and I was
 14 sent back to work. That took about 45 mins.
 15 Govelez handed back inmates back there
 16 I.D. cards that worked in the morning, per
 17 warden's orders were sent to medical.
 18 When I got to medical I found out that they
 19 told everyone that worked in the culinary in
 20 the last two (2) days to report to the R.M.F.
 21 UNIT 8C clinic. While waiting they asked
 22 all that was in the waiting room, who
 23 actually had worked today, I said I am the
 24 one that actually had symptoms. I was one
 25 of them to be seen first by medical staff
 26 nobody was treated for carbon monoxide,
 27 only over vitals were taken and we
 28 were ask questions about symptoms.

1 They took over blood to test, while waiting
 2 we were approached by Doctor Voss, and he
 3 stated to us that if we continued to go through
 4 this and get blood tested, that we would be
 5 forced to remain in the R.M.F. for up to
 6 24 hours or longer. Some inmates stayed
 7 for the blood tests and some left. Those
 8 who stayed were myself, Justin Johnson,
 9 Richard Aguirre, Mike O'Farrel,
 10 Luis Reyes - Marquez, Sergio Morales.
 11 After over blood test were taken we were
 12 taken to the infirmary 3 day room
 13 unit of A in the same building, we waited
 14 until after roll call was done on the main yard.
 15 After the blood tests and being placed on
 16 24 hours observation while we're in 8A.
 17 we were locked in over rooms, There was
 18 no observations and no medical staff for
 19 the rest of the night. A list of possible witnesses
 20 and victims of this incident are as follows:
 21 Warden Henley.
 22 Kelli Murphy
 23 Jessica Brendel
 24 The responding Sgt's and LT's names unknown
 25 Main T. Head Hobey
 26 Josh Camper, F5M
 27 Tom Wyatt, F5M
 28 Mona Sommer, F5

Armondo Wayne, FS

Kenneth Varnikos, FS

Gomez

Goward

Timothy Talamon, inmate

Steven Ramirez, inmate

Josh Kelly, inmate

Laiz Reyes-Marguez, inmate

Brian Hobbs, inmate, and another

Sergio Meredes, inmate

Larry Tillcock, inmate

Tino Garcia, inmate

Richard Navarro, inmate

DeAngelo Mitchell, inmate

Will Jefferson, inmate

Donald Yercock, inmate

James Lowe, inmate

Alvin Hatch, inmate

Eric Bahl, inmate

I DECLARE UNDER PERJURY THAT THE FOREGOING IS TRUE AND
CORRECT AS I HAVE WRITTEN IT TO BE.

DATED THIS 17 DAY OF July, 2024.

IN PROPRIA PERSONA

#

*
128 N

X

1 Justin Johnson, inmate
2 During this whole time I believe
3 that proper health protocols were not followed
4 as it would have been if we were anywhere
5 else other than incarcerated in
6 prison. We were not immediately evacuated
7 from the building and the first thing the proper
8 health care workers would do in a case
9 of possible carbon monoxide poisoning
10 should have been is to administer oxygen
11 to all that were exposed inmates and staff.
12 In fact I did not see any oxygen even being
13 offered at the time of the incident.
14 At this time there is not telling how long there
15 was a carbon monoxide leaking into
16 culway air and how long it took to reach
17 the affects of this.
18 After these incidents from February 12
19 through February 14, 2024 I have experienced
20 numerous symptoms of what I know is
21 carbon monoxide poisoning.

22
23
24
25
26
27
28

EXHIBIT O

Referred to see Carson Tahoe
Neurology for additional medical
Care.

Pages 1

EXHIBIT O



July 8, 2024

Steven Murray
Po Box 7011
Carson City NV 89702-7011

To whom it may concern:

Our records indicate that you have been referred to see Carson Tahoe Neurology for additional medical care; however, we have not been able to contact you.

If you have already received this service by an outside provider, please let us know so we may obtain the results for your medical record and update your provider.

If you have not received this service, please feel free to contact our office at 775-445-5464 option 2, so we can assist you with this referral.

If you have decided not to receive this service, please notify us so we can update your medical record.

Thank you for choosing the Carson Tahoe Medical Group for your services.

Sincerely,

Carson Tahoe Medical Group- Neurology

EXHIBIT P

Inmate Request Forms, Failure
to Treat.

pages

EXHIBIT P

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Steve Murray	1037015	2B-7G	10-1-24

4.) REQUEST FORM TO: (CHECK BOX)	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> CASEWORKER	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> LAW LIBRARY
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> SHIFT COMMAND
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input checked="" type="checkbox"/> OTHER

5.) NAME OF INDIVIDUAL TO CONTACT: GRIEVANCE Coordinator

6.) REQUEST: (PRINT BELOW) I filed a Informal grievance on 7-13-24 being exposed to Carbon Monoxide while working in the Kitchen. Could you please tell me the status of this grievance.

Thank You Very Much for your time in this Mater

7.) INMATE SIGNATURE Steve Murray DOC # 1037015

8.) RECEIVING STAFF SIGNATURE TO Hodge DATE 10/1/24

9.) RESPONSE TO INMATE

Offender Murray,
You just Submitted a Level 1 as you did not agree with the Informal Response.

As this was just entered you still have to wait for a Response.

10.) RESPONDING STAFF SIGNATURE AH Hodge DATE 10-2-24

Ex-5

QUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
MURRAY, Steve	10370	2B-7G	9-18-24
4.) REQUEST FORM TO: (CHECK BOX)		_____	
<input type="checkbox"/> CASEWORKER	<input checked="" type="checkbox"/> MEDICAL	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> LAW LIBRARY	<input type="checkbox"/> DENTAL
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> SHIFT COMMAND	<input type="checkbox"/> OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: Provider,

6.) REQUEST: (PRINT BELOW) Seen nurse today over Carson Tahoe Neurology. Was told to refile with letter (see attach) letter from Carson Tahoe Health. This is now my 3rd request. 1st on 7-22-24, 2nd on 8-7-24. I have ongoing issues from being exposed to carbon Monoxide poison from working in culinary. This was first reported on 6-19-24. I have the same issues as listed on both kites (my hands and lower arms and feet are numb, My arms have twitching as does my left eye. Left face is also numb. This is affecting my daily activitys and getting worse. Thank You.

7.) INMATE SIGNATURE Steve Murray DOC # 10370-45
 8.) RECEIVING STAFF SIGNATURE S. Goldsmith DATE 9/18/2024

9.) RESPONSE TO INMATE

furnitur

to Treat -

Kite Received

pages

Pending Scheduling

Inmate 13

10.) RESPONDING STAFF SIGNATURE L. Murray DATE SEP 19 2024

RECEIVED

SEP 19 2024

8 134 P

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Murray Steve	1037015	2B-7G	9-3-24
4.) REQUEST FORM TO: (CHECK BOX)		MENTAL HEALTH	CANTEEN
<input type="checkbox"/> CASEWORKER	<input checked="" type="checkbox"/> MEDICAL	<input type="checkbox"/> LAW LIBRARY	<input type="checkbox"/> DENTAL
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> SHIFT COMMAND	
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> OTHER	

5.) NAME OF INDIVIDUAL TO CONTACT: Doctor Benson\ Provider

6.) REQUEST: (PRINT BELOW) On or about 7-7-24, I was "referred to see Carson Tahoe Neurology for additional medical care". Has this been scheduled? I'm still having numbness in both arm + hands, feet, and left side of my face along with my left eye is also twitching. I need to see a Neurologist for these issues. And the headaches still have not gone away.

— Thank you

7.) INMATE SIGNATURE  DOC # 1037015
 8.) RECEIVING STAFF SIGNATURE  DATE 9/3/24

9.) RESPONSE TO INMATE

Kite Received
Pending Scheduling

10.) RESPONDING STAFF SIGNATURE  DATE SEP 04 2024

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Murray, Steve	1037015	2B-7G	8-7-24

4.) REQUEST FORM TO: (CHECK BOX)	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> CASEWORKER	<input checked="" type="checkbox"/> MEDICAL	<input type="checkbox"/> LAW LIBRARY
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> SHIFT COMMAND
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: Dr. Provider RE: Pre Grievance Kite
IMMINENT Injury

6.) REQUEST: (PRINT BELOW) I need to get in to see a provider, I'm having severe Neurological issues. My hands and feet are numb and twitching, Also bad lower leg cramps, Left eye is also twitching, My pain meds were cut off over a month ago that I've been on for my Terminal Cancer My whole body aches, This is affecting not only my sleep but my daily activitys, And getting worse. It's my belief this is Intentional Infliction of pain due to my grievance I filed against medical for NOT keeping my cancer in remission. Failure to treat

7.) INMATE SIGNATURE Steve Murray DOC # 1037015

8.) RECEIVING STAFF SIGNATURE DATE 8/7/24

9.) RESPONSE TO INMATE

Kite Received
Pending Scheduling

10.) RESPONDING STAFF SIGNATURE CRN

RECEIVED
DATE AUG 8 2024

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Steve Murray	1037015	2B-76	7-22-24

4.) REQUEST FORM TO: (CHECK BOX)	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> CASEWORKER	<input checked="" type="checkbox"/> MEDICAL	<input type="checkbox"/> LAW LIBRARY
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> SHIFT COMMAND
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: Dr. Voss, R. M. F. Staff RE: PRE-GRIEVANCE Kite
IMMINENT INJURY

6.) REQUEST: (PRINT BELOW) My Provider has referred me to CARSON TAHOE
Neurology for additional care. (see attached Letter). Can you
please tell me if this has been scheduled? Please forgive me for my
past behavior. This behavior is more consistent with Carbon Monoxide
Poisoning (see attached OSHA FACT SHEET) and NOT my "cancer"
Myeloproliferative Neoplasms. I'm still having on-going issues as
Reported on 6-19-24. Please answer this kite quickly so I can move forward
with an Informal Grievance for failure to treat and deliberate Indifference.

7.) INMATE SIGNATURE Steve Murray DOC # 1037015

8.) RECEIVING STAFF SIGNATURE CD DATE 7/23/24

9.) RESPONSE TO INMATE

*Kite Received
Pending Scheduling*

10.) RESPONDING STAFF SIGNATURE C. H.W. DATE 8-1-2024

X 21 HOURS
138 P

Essential Thrombocythemia (ET)

While the exact cause of essential thrombocythemia (ET) is unknown, over half of all people with ET have a JAK2 gene mutation in their blood-forming cells. ET is a disorder in which there are too many platelet-producing cells (megakaryocytes) in the bone marrow. Like PV, ET is also a myeloproliferative neoplasm.

Risk factors associated with ET include gender and age. It occurs in females 1.5 times more often than in males. It's more common in people older than 60, but one-fifth of people with ET are under 40.

There may be no symptoms with ET and instead, it is found on routine blood tests. If there are symptoms, they are due to the effects of clotting in small blood vessels or bleeding. Symptoms may include:

- Confusion or changes in speech
- Weakness
- Nausea
- Chest pain
- Seizures
- Migraines
- Dizziness
- Headaches

There can also be complications of major clotting events, such as a stroke or heart attack.

Treatments for ET vary depending on a person's symptoms. These include:

- **Low-dose aspirin:** This reduces the risk of blood clot formation.
- **Platelet-lowering medications:** Droxia or Hydrea (hydroxyurea), Agrylin (anagrelide), or interferon-alpha lower the number of platelets, reducing the risk of bleeding or clotting.
- **Plateletpheresis:** This procedure can quickly lower your platelet count following a stroke or clotting incident. Plateletpheresis involves removing blood through an intravenous line, separating and removing the platelets, and returning the rest of the blood components through another line.

Primary Myelofibrosis (PMF)

About half of all people with primary myelofibrosis (PMF) have a JAK2 gene mutation. PMF is a rare bone marrow cancer caused by the formation of too many cells that

Your red blood cells are responsible for carrying oxygen to the tissues in your body. When the red cell count is low, (/support/side-effects/low-blood-counts/low-red-blood-cell-count-anemia) you may feel tired or weak. You should let your oncology care team know if you experience any shortness of breath, difficulty breathing, or pain in your chest. If the count gets too low, you may receive a blood transfusion.

Low Platelet Count (Thrombocytopenia)

Platelets help your blood clot, so when the count is low (/support/side-effects/low-blood-counts/low-platelet-count-thrombocytopenia) you are at a higher risk of bleeding. Let your oncology care team know if you have any excess bruising or bleeding, including nose bleeds, bleeding gums, or blood in your urine or stool. If the platelet count becomes too low, you may receive a transfusion of platelets.

- Do not use a razor (an electric razor is fine).
- Avoid contact sports and activities that can result in injury or bleeding.
- Do not take aspirin (salicylic acid), non-steroidal, anti-inflammatory medications (NSAIDs) such as Motrin/Advil (ibuprofen), Aleve (naproxen), Celebrex (celecoxib), etc. as these can all increase the risk of bleeding. Please consult with your healthcare team regarding the use of these agents and all over-the-counter medications/supplements while on therapy.
- Do not floss or use toothpicks and use a soft-bristle toothbrush to brush your teeth.

Increased Infection Risk

Taking this medication can make you more susceptible to infections. You should report any symptoms of infection to your healthcare provider right away, including a fever (temperature greater than 100.4°F or 38°C), sore throat or cold, shortness of breath, cough, burning, or pain with urination.

The following infections have been reported in studies, so you should be aware of these symptoms:

- **Herpes zoster:** symptoms include a skin rash or blisters that may be painful or itchy, localized to one area.
- **Tuberculosis:** symptoms include new or worsening cough, weight loss, night sweats, and fever.
- **Progressive Multifocal Leukoencephalopathy (PML):** PML is a rare, but very serious brain infection that may develop over several weeks or months. They may include changes in mood or usual behavior, confusion, thinking problems, loss of memory, changes in vision, speech, or walking, and decreased strength or weakness on one side of the body.

- **Hepatitis B:** People with chronic Hepatitis B will be monitored closely during treatment, typically through blood tests.

Liver Toxicity

This medication can cause liver toxicity, which your oncology care team may monitor for using blood tests called liver function tests. Notify your healthcare provider if you notice yellowing of the skin or eyes, your urine appears dark or brown, or you have pain in your abdomen, as these can be signs of liver toxicity.

Hyperlipidemia

This medication can lead to increased cholesterol levels. Your care team will monitor your cholesterol while you are on treatment.

Less common but important side effects can include:

- **Low White Blood Cell Count (Leukopenia or Neutropenia):** White blood cells (WBC) are important for fighting infection. While receiving treatment, your WBC count can drop, (/support/side-effects/low-blood-counts/neutropenia) putting you at a higher risk of getting an infection. You should let your doctor or nurse know right away if you have a fever (temperature greater than 100.4°F or 38°C), sore throat or cold, shortness of breath, cough, burning with urination, or a sore that doesn't heal.

Tips to preventing infection:

- Washing hands, (/cancer-treatment/hospital-helpers/hand-hygiene-hand-washing) both yours and your visitors, is the best way to prevent the spread of infection.
- Avoid large crowds and people who are sick (i.e.: those who have a cold, fever, or cough or live with someone with these symptoms).
- When working in your yard, wear protective clothing including long pants and gloves.
- Do not handle pet waste.
- Keep all cuts or scratches clean.
- Shower or bathe daily and perform frequent mouth care (/support/side-effects/gastrointestinal-side-effects/mucositis/mucositis-mouth-sores-oral-care-tip-sheet).
- Do not cut cuticles or ingrown nails. You may wear nail polish, but not fake nails.
- Ask your oncology care team before scheduling dental appointments or procedures.

EXHIBIT

Q

Inmate Request forms,
of missing property,
2 pages

EXHIBIT

Q

To: DON-RMF NNCC

NAME MURRAY SteveID# 1037015DOB 4/16/64FACILITY NNCCUnit/Cell # 2B-7GSIGNATURE Steve MurrayDATE 7/15/24

Request

around 6-21-24, I was brought to Carson-Tahoe hospital prior to a CT scan my property was taken from me from the TRANS CO'S: personal glasses, dentures, necklace, Address book was placed in a bio-hazard bag. I cannot locate my personal items. Can you please help. Thank You

OFFENDERS - DO NOT WRITE IN AREA BELOW

ASSIGNED TO

Medical Dental Psychiatry Nursing Other _____

Response to request

You need to contact
the property SGT.
medical does not have
your property.

Appointment scheduled/rescheduled for: _____
 No visit necessary
 No show for appointment
 Refused to be seen. DOC 2523 Release of Liability signed

PRESCRIPTIONS

KOP NON-KOP
 Order date _____

PLAN

Follow-up appointment _____ Return if needed
 No follow-up required

Signature of practitioner/responder Christy RNDate 7/30/24

NEVADA DEPARTMENT OF CORRECTIONS
MEDICAL KITE and SERVICE REPORT

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Steve Murray	1037015	2B-7G	7-15-24

4.) REQUEST FORM TO: (CHECK BOX)	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> CASEWORKER	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> LAW LIBRARY
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> SHIFT COMMAND
<input type="checkbox"/> LAUNDRY	<input checked="" type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: Property Sgt.

6.) REQUEST: (PRINT BELOW) Can you please help me find my property that was taken from me at Carson Tahoe Hospital around 6-21-24. While at the ER they had to do a CT SCAN and the Transportation C/o had placed my glasses, dentures, my address book, ID and comb, Necklace in a red Bio Bag. Please I have been asking for help to receive my property. And no one has been able to locate it. Can you please tell me if you have this?

Thank You

7.) INMATE SIGNATURE Steve Murray DOC # 1037015

8.) RECEIVING STAFF SIGNATURE CPL DATE _____

9.) RESPONSE TO INMATE

I do not have it

10.) RESPONDING STAFF SIGNATURE Sgt K DATE 7/17/24